

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County BaltimoreVillage or ~~City~~ Stoneleigh (No. ....)

603 Stoneleigh Rd St. .... Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration Dist. No. 382 FULL NAME George Albert Abbott

## PERSONAL AND STATISTICAL PARTICULARS

|                      |                                 |   |
|----------------------|---------------------------------|---|
| 3 SEX<br><u>Male</u> | 4 COLOR OR RACE<br><u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br>(Write the word)<br><u>Married</u> |
|----------------------|---------------------------------|---|

|   |
|---|
| 6 DATE OF BIRTH<br><u>April 5th, 1867</u><br>(Month) (Day) (Year) |
|---|

|   |
|---|
| 7 AGE<br><u>70 yrs. 8 mos. 2 ds.</u><br>If LESS than 1 day -- hrs. or min.? |
|---|

|   |
|---|
| 8 OCCUPATION<br>(a) Trade, profession or particular kind of work<br>(b) General nature of industry business, or establishment in which employed or (employer) |
|---|

Retired

|                                    |
|------------------------------------|
| 9 BIRTHPLACE<br>(State or country) |
|------------------------------------|

Frederick Maryland

|   |
|---|
| 10 NAME OF FATHER<br><u>George Abbott</u> |
|---|

|   |
|---|
| 11 BIRTHPLACE OF FATHER<br>(State or country) |
|---|

Maryland

|   |
|---|
| 12 MAIDEN NAME OF MOTHER<br><u>Elementine Burke</u> |
|---|

|   |
|---|
| 13 BIRTHPLACE OF MOTHER<br>(State or Country) |
|---|

Maryland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Alma E. Abbott(Address) 603 Stoneleigh St.

|  |
|--|
| 15 Filed <u>Dec 8 1937</u><br><u>John B. Look</u><br>Registrar |
|--|

## MEDICAL CERTIFICATE OF DEATH

|  |
|--|
| 16 DATE OF DEATH<br><u>Dec 7, 1937</u><br>(Month) (Day) (Year) |
|--|

|   |
|---|
| 17 I HEREBY CERTIFY, That I attended the deceased from<br><u>Nov. 13, 1937</u> to <u>Dec. 7, 1937</u> |
|---|

that I last saw him alive on Dec. 7, 1937and that death occurred on the date stated above, at 3:45 P. m.

The CAUSE OF DEATH \* was as follows:

Chronic Myocarditis  
Chronic Interstitial Nephritis  
Hypertension
(Duration) 1 yrs. 8 mos. 7 ds.Contributory  
Secondary(Duration) 1 yrs. 8 mos. 7 ds.(Signed) D. J. Look M. D.12-7-1937 (Address) 6014 York Road

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death 1 yrs. 8 mos. 7 ds. In the State 1 yrs. 8 mos. 7 ds.Where was disease contracted, if not at place of death? At homeFormer or usual residence At home

|   |  |
|---|--|
| 19 PLACE OF BURIAL OR REMOVAL<br><u>Greenmount Cemetery</u> | DATE OF BURIAL<br><u>Dec. 10, 1937</u> |
|---|--|

|                                      |   |
|--------------------------------------|---|
| 20 UNDERTAKER<br><u>John B. Look</u> | ADDRESS<br><u>1003 W. Baltimore St.</u> |
|--------------------------------------|---|

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (c) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Labor pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum, etc.*, *Carcinoma, Sarcoma*, etc., of . . . . . (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by corbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

DEC 15 1937

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12652

## 1. PLACE OF DEATH

County BaltimoreRegistration Dist. No. 30Village or City Spring Grove Hospital, Catonsville No. 82 St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 28 ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

## 2. FULL NAME

Samuel AlbanIf U. S. Veteran, specify WAR       (a) Residence: No. 940 N. Castle St.St. Baltimore Ward.       

(Usual place of abode)

If nonresident give city or town and State       

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofFrances Alban6. DATE OF BIRTH (month, day, end year) Dec. 7 1891

## 7. AGE

Years

46

Months

0

Days

24If LESS than  
1 day,        hrs.  
or        min.

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

See Eng Coal Miner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Own Business10. Date deceased last worked at this occupation (month end year) 193611. Total time (years) spent in this occupation 4

## 12. BIRTHPLACE (city or town)

Maryland

(State or country)

## MOTHER / FATHER

## 13. NAME

Unknown

## 14. BIRTHPLACE (city or town)

Unknown

(State or country)

## 15. MAIDEN NAME

Unknown

## 16. BIRTHPLACE (city or town)

Unknown

(State or country)

## 17. INFORMANT

Hospital Records

(Address)

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Holy Redeemer Date Jan 4 1938

## 19. UNDERTAKER

Frank Couch & Son  
1906 Ashland Ave

(Address)

## 20. FILED

30 3719 37St. Andrew

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December

(Month)

30

(Day)

1937

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

September 3, 1936, to December 30, 1937I last saw him alive on December 30, 1937; death is saidto have occurred on the date stated above, at 4:15 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

General ParalysisDate of onset Sept. 1936

## Other Contributory Causes of Importance:

Name of operation NoneDate of       What test confirmed diagnosis? Clin. & Lab. Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

No

Accident, suicide, or homicide?

Date of Injury       , 19       

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury       Nature of Injury       

## 24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

John G. Kunkel M. D.  
Catonsville road

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

JAN 4 1938

Other contributory causes of importance:

Gallstones

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# STATE OF MARYLAND—CERTIFICATE OF DEATH

12653

## 1. PLACE OF DEATH

County Balto

Village or City Pikesville

Registration Dist. No. 32

No. 47-8

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. If of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No. Pikesville (Villa Nova)

(Usual place of abode)

St. Ward.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND (or) WIFE of

Emma K. Albough

6. DATE OF BIRTH (month, day, and year)

Feb. 24-1881

7. AGE

Years

Months

Days

if LESS than

56

9

28

1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Commissioner

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Sea Ford

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore Md

FATHER

13. NAME

George A Albough

14. BIRTHPLACE (city or town)

(State or country)

Baltimore Md

MOTHER

15. MAIDEN NAME

Rose Luthicum

16. BIRTHPLACE (city or town)

(State or country)

Baltimore Md

17. INFORMANT

(Address)

Mrs Emma K. Albough

18. BURIAL, CREMATION, OR REMOVAL

Place

Woodlawn

Date

Dec 24, 1937

19. UNDERTAKER

(Address)

Chas E. French  
22 Madison Ave

20. FILED

12/23

19

37

E. E. Nichols

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

December 22nd, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from November 26, 1937, to December 22, 1937

I last saw him alive on December 22, 1937; death is said to have occurred on the date stated above, at 6:30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Cancerous

(Pulmonary Tuberculosis)

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

if so, specify

(Signed)

Frederick J. Crow  
2027 N. Calvert St

M. D.

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

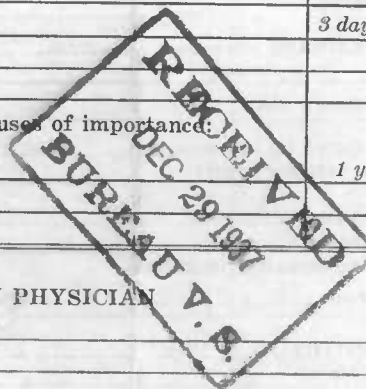
The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12654

## 1. PLACE OF DEATH

County BaltimoreVillage or City Catonville Opitz HomeRegistration Dist. No. 30

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 21 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 1705 St Paul St. Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M.

## 4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widower5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofAnna M. Ashley6. DATE OF BIRTH (month, day, end year) Feb 8 - 1872

## 7. AGE

65 YearsMonths 109Days 23If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Bridge Builder9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)193511. Total time (years)  
spent in this  
occupationLife12. BIRTHPLACE (city or town) Baltimore  
(State or country)

## MOTHER FATHER

## 13. NAME

Unknown14. BIRTHPLACE (city or town)  
(State or country)Unknown

## 15. MAIDEN NAME

Unknown16. BIRTHPLACE (city or town)  
(State or country)Unknown17. INFORMANT  
(Address)Arthur Ashley  
609 Crispington Rd.

## 18. BURIAL, CREMATION, OR REMOVAL

Place SwartzDate Dec 4, 193719. UNDERTAKER  
(Address)John A. Moran  
3000 E. Balto St20. FILED Dec 1, 1937 Marshall B West

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 1, 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Nov 15, 1937, to Dec 1, 1937I last saw him alive on Nov 30, 1937; death is saidto have occurred on the date stated above, at 6 a. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Carcinoma of StomachDate of onset  
about  
1 yr.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Physical exploration Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Marshall B West M. D.(Address) Catonville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12655

## 1. PLACE OF DEATH

County BaltimoreVillage or City Phoenix

No.

39

Registration Dist. No.

St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 1 mos. 1 ds. How long in U. S. if of foreign birth? 1 yrs. 1 mos. 1 ds.

## 2. FULL NAME

Baby Baines

If U. S. Veteran, specify WAR

(a) Residence: No.

Phoenix

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Still Born

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Still Born6. DATE OF BIRTH (month, day, and year) Dec 28, 1937

7. AGE

Years

Months

Days

If LESS than 1 day, --- hrs. or --- min.

Still Born

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Phoenix

(State or country)

Baltimore, Md.

MOTHER / FATHER

13. NAME

Mitchell Baines

14. BIRTHPLACE (city or town)

St. Marys County, Phoenix

(State or country)

Md.

15. MAIDEN NAME

Katie Dorsey

16. BIRTHPLACE (city or town)

St. Marys Co.

(State or country)

Annapolis

17. INFORMANT (Address)

Mitchell Baines  
Phoenix, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Stevensons Date Dec 30, 1937

19. UNDERTAKER (Address)

Wm C. B. B. & Son  
Stevensons, Md.20. FILED Dec 30, 1937 Anna Price

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

12  
(Month)28  
(Day)1937  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

, 19, to , 19

I last saw him alive on , 19; death is said

to have occurred on the date stated above, at 10:10 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Still Born

Date of onset

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

JAN 5 1938

BUREAU V. S.

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12656

## 1. PLACE OF DEATH

County Balto. Registration Dist. No. 43  
 Village or City Luthera No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 9 mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Robert Ban If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of \_\_\_\_\_

## 6. DATE OF BIRTH (month, day, and year)

7. AGE Years 59 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Florist helper  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Florist  
 10. Date deceased last worked at this occupation (month and year) Dec. 28th 11. Total time (years) spent in this occupation 9 mos.

12. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) \_\_\_\_\_

## 13. NAME

14. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) \_\_\_\_\_

## 15. MAIDEN NAME

16. BIRTHPLACE (city or town) \_\_\_\_\_  
 (State or country) \_\_\_\_\_

17. INFORMANT Mr. John Mitchell  
 (Address) 5111 Ave. Luthera

18. BURIAL, CREMATION, OR REMOVAL  
 Place Balto. Co. Almshouse Date Dec. 30, 1937

19. UNOERTAKER Frederick Lassadun & Son  
 (Address) 7401 Belvoir Rd.

20. FILED 12/29, 1937 S. A. Fritz, M.D.  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 28th, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at 11:30 a.m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac Insufficiency Date of onset 12/28/37

## Other Contributory Causes of importance:

Arteriosclerosis with hyper-tension

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify Army & Naval Air Corps

(Signed) A. L. Wilkinson M. D.

(Address) 5713 Bel Air Rd. Balto.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12657

## 1. PLACE OF DEATH

County Baltimore  
Village or City RosedaleRegistration Dist. No. 44No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Baby Boy Becker  
Oakdale Ave. Rosedale St. Ward. \_\_\_\_\_  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                     |                              |  |
|---------------------|------------------------------|--|
| 3. SEX<br><u>M.</u> | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>single</u> |
|---------------------|------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) Dec 19, 1937

|        |       |        |      |   |
|--------|-------|--------|------|---|
| 7. AGE | Years | Months | Days | If LESS than<br>_____ hrs.<br>or _____ min. |
|--------|-------|--------|------|---|

|            |   |   |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | 11. Total time (years) spent in this occupation |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |   |
|            | 10. Date deceased last worked at this occupation (month and year)                           |   |

12. BIRTHPLACE (city or town) Rosedale  
(State or country) MD

|        |   |
|--------|---|
| FATHER | 13. NAME <u>James Henry Smith</u>                             |
|        | 14. BIRTHPLACE (city or town) <u>PA</u><br>(State or country) |

|        |   |
|--------|---|
| MOTHER | 15. MAIDEN NAME <u>Mary Fizzie Becker</u>                                     |
|        | 16. BIRTHPLACE (city or town) <u>Rosedale</u><br>(State or country) <u>MD</u> |

17. INFORMANT Henry Becker  
(Address) Rosedale18. BURIAL, CREMATION, OR REMOVAL  
Place Lassalam Buried Date Dec 23, 193719. UNDERTAKER Fred Lassalam Son  
(Address) 7401 Belair Rd.20. FILED Dec 23, 1937 John B. Connelly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 20, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1937, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at 5 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature

Date of onset

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

X (Signed) Carl Mohr M. D.

(Address) \_\_\_\_\_

MARGIN RESERVED FOR BINDING

V. S. No. 1

DO NOT WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

JAN 6 1928

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12658

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

D. Raymond Bennett U. S. Veteran, specify WAR(a) Residence: No. 5411 Old French Rd. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Oct 31 1888

7. AGE

Years

Months

Days

If LESS than  
1 day, 0 hrs.  
or 0 min.49125

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Clerk9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Old Rd10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER / FATHER

13. NAME

William H Bennett

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

Ann C Long

16. BIRTHPLACE (city or town)

(State or country)

MD

17. INFORMANT

(Address)

Edgar D Bennett  
5411 Old French Rd

18. BURIAL, CREMATION, OR REMOVAL

Place

Catholic Bur Date 12/27, 1937

19. UNDERTAKER

(Address)

John A. Farley  
Catonsville, MD

20. FILED

12/26/37W. H. Bennett

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December  
(Month)25  
(Day)1937  
(Year)

22.

I HEREBY CERTIFY That I attended deceased from

Sept, 1937, to Dec 25, 1937I last saw him alive on Dec 25, 1937; death is saidto have occurred on the date stated above, at 7:30 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Myocarditis  
Endocarditis  
Chronic degenerative  
Hypertension

Date of onset

3 years2 years5 years7 years

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

StainedWas there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Bennett

M. D.

(Address)

5411 Old French Rd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12659

## 1. PLACE OF DEATH

County Baltimore  
Village or City ParkvilleRegistration Dist. No. 38No. 8005 Manor Rd. St. 38 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 0 ds. How long in U. S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

(a) Residence: No. 8005 Manor Rd. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married5e. If married, widowed, or divorced  
HUSBAND of Carrie Betzner  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Dec 20-18577. AGE Years 80 Months — Days 7 If LESS than 1 day, — hrs. — min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Retired  
10. Date deceased last worked at this occupation (month end year) — 11. Total time (years) spent in this occupation —12. BIRTHPLACE (city or town) Second  
(State or country) Indiana13. NAME Frederick Betzner14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME Not known16. BIRTHPLACE (city or town) Not known  
(State or country)17. INFORMANT Mrs. Haagen  
(Address) 8005 Manor Road18. BURIAL, CREMATION, OR REMOVAL Buried  
Date Dec. 30, 19 3719. UNDERTAKER Joe J. O'Herron  
(Address) 3001 Kentucky Ave20. FILED 12/28, 19 37 A. M. Bacon  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 27, 19 37  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from her 2, 19 37, to Dec 27, 19 37.I last saw him alive on Dec 27, 19 37; death is sold to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Thrombosis  
Athero Sclerosis  
Senility

Date of onset

Other Contributory Causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19 37Where did injury occur? None(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Henry J. Bailey M. D.(Address) Chesapeake & Baltimore

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12660

## 1. PLACE OF DEATH

County BaltimoreVillage or City Mount WilsonLength of residence in city or town where death occurred 0 yrs. 10 mos. 18 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Registration Dist. No. 32No. Mt. Wilson Branch, Md. Tuberculosis Sanatorium St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Mrs. Mary E. Blackwell

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 615 S. Eaton St. \_\_\_\_\_ Ward. Baltimore, Md.  
(Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of John I. Blackwell  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) August 31, 19097. AGE Years 28 Months 3 Days 13 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown12. BIRTHPLACE (city or town) Baltimore,  
(State or country) Maryland.13. NAME Michael B. Gillease,14. BIRTHPLACE (city or town) Baltimore,  
(State or country) Maryland.15. MAIDEN NAME Loretta Murphy,16. BIRTHPLACE (city or town) Baltimore,  
(State or country) Maryland.17. INFORMANT J. Frank Spalding,  
(Address) Mt. Wilson, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place St. Francis Cem. Date Dec 17, 1937  
Abingdon, Md.19. UNDERTAKER Reilly and Zeiler  
(Address) 403 S. Wolfe St. Balt. Md.20. FILED Dec 13, 1937 J. Frank Spalding  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 13 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from January 25, 1937, to December 13, 1937.I last saw her alive on December 13, 1937; death is said to have occurred on the date stated above, at 6:10 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pulmonary Tuberculosis

Date of onset

Oct.  
1936

Other Contributory Causes of Importance:

NoneName of operation None Date of \_\_\_\_\_What test confirmed diagnosis? X-ray, and Was there an autopsy? No  
tubercle bacilli were found in sputum

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_(Signed) John A. Smith M. D.  
(Address) Mt. Wilson, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.—WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12661

## 1. PLACE OF DEATH

County BaltimoreVillage or City Essex

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No. 44

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

John Thomas Bloodsworth

If U. S. Veteran, specify WAR

(a) Residence: No.

Poplar Rd., Essex, Md.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Divorced

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMinnie Stokes

6. DATE OF BIRTH (month, day, end year)

Oct. 28 - 1875

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.62110

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Labourer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

England.

MOTHER | FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

England.

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

:

17. INFORMANT

(Address)

Mrs. Tobithia Wehner  
Poplar Rd., Essex Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Interred Heart of Mary

Date

12/10, 1937

19. UNDERTAKER

(Address)

John B. Connolly  
Essex Md.

20. FILED

12/91937John B. Connolly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 8th, 1937

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

I last saw him alive on , 19 ; death is said

to have occurred on the date stated above, at 2 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Acute Cardiac FailurePrimary cause: Chronic myocarditis.Duration: Two years or more.

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Fred W. Young, M.D.  
Stummer Run, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

DEC 9 1927

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12662

## 1. PLACE OF DEATH

County BaltimoreVillage or City White Hall, Ind.

No.

Registration Dist. No. 95

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs.

mos.

ds.

How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Sarah C. Bonham

(a) Residence: No.

White Hall, Ind.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

white

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5a. If married, widowed, or divorced

HUSBAND or (or) WIFE of

Frank R. Bonham

## 6. DATE OF BIRTH (month, day, and year)

July 31, 1856

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8149

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Housewife

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Jefferson Co  
W. Va.

## FATHER

## 13. NAME

James Goodwin

## 14. BIRTHPLACE (city or town)

(State or country)

W. Va.

## MOTHER

## 15. MAIDEN NAME

Annada Faulkner

## 16. BIRTHPLACE (city or town)

(State or country)

W. Va.

## 17. INFORMANT

(Address)

Frank R. Bonham  
White Hall, Ind.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Christiansburg  
Edge Hill, W. Va.

Date

Dec 12, 1937

## 19. UNDERTAKER

(Address)

P. Markline & Son  
White Hall, Ind.

## 20. FILED

Date

Dec 9, 1937M. Bortner, M. D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec91937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Dec 11937to Dec 91937I last saw him alive on Dec 8, 1937; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Date of onset

Chronic Valvular Heart  
disease1936

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

William Bortner

M. D.

(Address) White Hall, Ind.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12663

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 17  
 Village or City Lemas No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 6 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Seymour L. Bosley If U. S. Veteran, specify WAR no  
 (a) Residence: No. Lemas St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |  |
|---|----------------------------------|--|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u>        |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Sama Nellie Talbot</u>                         |                                  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Nov. 18, 1882</u>  |                                  |  |
| 7. AGE<br>Years <u>55</u>   | Months <u>—</u>                  | Days <u>17</u><br>If LESS than 1 day, _____ hrs. or _____ min.                     |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Gen'l Labor</u> |                                  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. |
| 10. Date deceased last worked at this occupation (month and year) <u>Dec. 1, 1937</u>                             |                                  | 11. Total time (years) spent in this occupation <u>6 yrs.</u>                      |

## OCCUPATION

12. BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Phoenix, Balto Co., Md.13. NAME Luther Bosley14. BIRTHPLACE (city or town) Manchester  
(State or country) Md.15. MAIDEN NAME Rebecca Regal16. BIRTHPLACE (city or town) Manchester  
(State or country) Md.17. INFORMANT Mrs. Edgar Bode  
(Address) Lemas, Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Poplar, Lemas, Md. Date Dec. 8, 1937

19. UNDERTAKER Wm. C. Brooks & Son  
(Address) Sparks, Md.

20. FILED Dec. 7, 1937 William J. Lehigh  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. (Month) 5 (Day), 1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 4, 1937, to Dec. 6, 1937

I last saw him alive on Dec. 5, 1937; death is said to have occurred on the date stated above, at 4:30 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Pulmonary Hemorrhage Dec 4/37  
(Bled to death.)

Other Contributory Causes of Importance:

Probably Tuberculosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) William C. Ensor M. D.(Address) Cockeysville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12664

## 1. PLACE OF DEATH

County BaltoVillage or City HyndonRegistration Dist. No. 33

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mary Louise Brown(a) Residence: No. Northington Valley

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

## 6. DATE OF BIRTH (month, day, end year)

Oct  
Aug 31 1937

## 7. AGE

Years

Months

Days

If LESS than

491 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.None10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

Balto Co

(State or country)

## FATHER

## 13. NAME

Chas Brown

## 14. BIRTHPLACE (city or town)

Fredrick Co

(State or country)

## 15. MAIDEN NAME

Mildred Brown

## 16. BIRTHPLACE (city or town)

Balto Co

(State or country)

## 17. INFORMANT

Chas Brown

(Address)

Hyndon Md

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Dan's Cem.

Date

Dec. 10, 1937

## 19. UNDERTAKER

(Address)

J. F. Kline & Sons  
Registration Md

## 20. FILED

Dec 10, 1937J. Rowe Price

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec91937

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

12-81937, to12-91937.I last saw her alive on 12-8, 1937; death is saidto have occurred on the date stated above, at 12:30 A.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Gastro-Enteritis

Date of onset

12-8-37

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

No

Date of injury

Where did injury occur?

None

(Specify city or town, county and State)

Specify whether Injury occurred IN INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

None

Nature of injury

None

## 24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

D. D. Caples

M. D.

(Address)

Registration town, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

| Date of onset          |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County Baltimore CountyVillage or City Chesnut Ridge (No. \_\_\_\_\_, St.; \_\_\_\_\_ Ward)2 FULL NAME Matthew BrownSTATE OF MARYLAND  
CERTIFICATE OF DEATH

Registration Dist. No. \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

|                      |                                 |   |
|----------------------|---------------------------------|---|
| 3 SEX<br><u>Male</u> | 4 COLOR OR RACE<br><u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED<br><u>Married</u><br>(Write the word) |
|----------------------|---------------------------------|---|

## 6 DATE OF BIRTH

July 5<sup>th</sup> 1857, 1 (Month) (Day) (Year)

## 7 AGE

80 yrs. 5 mos. 14 ds. or 1 day 1 hrs. 1 min. ? If LESS than 1 day

## 8 OCCUPATION

(a) Trade, profession or particular kind of work Plasterer  
(b) General nature of industry business, or establishment in which employed or (employer)

## 9 BIRTHPLACE

(State or country) Balt Co. Md.

## PARENTS

## 10 NAME OF FATHER

Christopher Brown

## 11 BIRTHPLACE OF FATHER

(State or country) Baltimore, Maryland

## 12 MAIDEN NAME OF MOTHER

Not known

## 13 BIRTHPLACE OF MOTHER

(State or country) Not known

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elizabeth Brown(Address) Chesnut Ridge, Balt Co.

## 15

Filed Dec 22 1937 T. Rowe Price Registrar

## MEDICAL CERTIFICATE OF DEATH

## 16 DATE OF DEATH

Dec. 19, 1937  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from Dec. 17, 1937, to Dec. 19, 1937.that I last saw him alive on Dec. 19, 1937.and that death occurred on the date stated above, at 2 P. m.

The CAUSE OF DEATH was as follows:

Cerebral Hemorrhage 12-16-37Contributory  
SecondaryHypertensive C-V. Disease 5 yrs.  
(Duration) (yrs.) (mos.) (ds.)(Signed) D. D. Caples M. D.Dec. 20, 1937 (Address) Beltsville, Md.

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

## 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

None  
At place of death (yrs.) (mos.) (ds.) In the State (yrs.) (mos.) (ds.)

Where was disease contracted, if not at place of death?

Former or usual residence

## 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Carroll Chapel Dec 22 1937

## 20 UNDERTAKER

ADDRESS

H. Marshall 3539 Fall Road



REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired 6 yrs.)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death.**—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10ths. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicæmia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For violent deaths state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Reverber wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is locked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED  
JAN 5 1938  
BUREAU

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12666

## 1. PLACE OF DEATH

County Balto. Co.Registration Dist. No. 40Village or City N. York Station, Md.

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.

## 2. FULL NAME

L. Charles E. Burton

If U. S. Veteran, specify WAR

(a) Residence: No. Long Green Rd.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMartha L. Burton

## 6. DATE OF BIRTH (month, day, and year)

Jan. 28, 1876

## 7. AGE

Years

Months

Days

If LESS than  
1 day, 0 hrs.  
or 0 min.611728

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDDKKEEPER, etc.Farm hand9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Dairy Farm10. Date deceased last worked at  
this occupation (month and  
year) Dec. 23, 193711. Total time (years)  
spent in this  
occupation 40

## 12. BIRTHPLACE (city or town)

(State or country)

Balto. Co.  
Md.

## FATHER

## 13. NAME

Levi Burton

## 14. BIRTHPLACE (city or town)

(State or country)

Balto. Co.  
Md.

## 15. MAIDEN NAME

Annabelle Fagg

## 16. BIRTHPLACE (city or town)

(State or country)

Balto. Co.  
Md.

## 17. INFORMANT

(Address)

Mrs. M. L. Burton

## 18. BURIAL, CREMATION, OR REMOVAL

Place Waverly ChapelDate Dec. 28, 1937

## 19. UNDERTAKER

(Address)

Edith Lassahn & Son

## 20. FILED

12/25/37

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.  
(Month)25<sup>th</sup>  
(Day)1937  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Dec 24, 1937, to Dec 25, 1937I last saw him alive on Dec 25, 1937; death is saidto have occurred on the date stated above, at 4:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Thrombosis

Date of onset

12/24/37

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Chandel Was there an autopsy?

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? 0 Date of injury 0, 1900

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Walter M. Hammett  
Balox

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12667

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30No. Spring Grove State Hosp. St.        Ward         
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 2 yrs. 3 mos. 28 ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.2. FULL NAME John William CampbellIf U. S. Veteran, specify WAR       (a) Residence: No. 20 Holland StreetSt.        Ward.       Annapolis, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>male</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of         
(or) WIFE of       6. DATE OF BIRTH (month, day, and year) December 24, 1904

|                     |                        |                     |                   |  |
|---------------------|------------------------|---------------------|-------------------|--|
| 7. AGE<br><u>32</u> | Years<br><u>      </u> | Months<br><u>11</u> | Oeys<br><u>16</u> | If LESS than<br>1 day, <u>      </u> hrs.<br>or <u>      </u> min. |
|---------------------|------------------------|---------------------|-------------------|--|

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. none9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.       10. Date deceased last worked at  
this occupation (month and  
year)       11. Total time (years)  
spent in this  
occupation       12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME Henry Campbell14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MOTHER NAME Sarah Freeman16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Mrs. Sarah L. Campbell, mother  
(Address) 20 Holland Street, Annapolis18. BURIAL, CREMATION, OR REMOVAL  
Place Annapolis Md Date Dec. 12, 193719. UNDERTAKER John M. Taylor  
(Address) Annapolis Md.20. FILE NO. 12/11/37 Registrar       

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 10, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
August 12, 1934, to Dec. 10, 1937.I last saw him alive on Dec. 10, 1937; death is saidto have occurred on the date stated above, at 3:15 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

|                          | Date of onset    |
|--------------------------|------------------|
| <u>Schizophrenia</u>     | <u>bef. 1935</u> |
| <u>Acute myocarditis</u> | <u>Dec. 1937</u> |

Other Contributory Causes of importance:

Name of operation none Date of         
What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (VIOLENCE) fill in also the following: noAccident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?       (Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? noIf so, specify       (Signed) John G. Kuebel M. D.(Address) Catonsville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

12668

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

40

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Lawrence A. Campbell

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

single

6. DATE OF BIRTH (month, day, end year)

Sept 27 - 1914

7. AGE

Years

23

Months

2

Days

16

If LESS than  
1 day, ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month end  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

North Carolina

FATHER

13. NAME

Thos. Campbell

14. BIRTHPLACE (city or town)

(State or country)

North Carolina

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

(Address)

Chester C. Trivett  
Baldwin Md.

18. BURIAL, CREMATION, OR REMOVAL

Buried

in

N.C.

Date

Dec. 15

19

37

19. UNDERTAKER

(Address)

Clarence E. Arthur  
York Md.

20. FILED

19

37

19

37

19

37

19

37

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 13

1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 13

1937

to

Dec 13

1937

I last saw him alive on (read marriage)

to have occurred on the date stated above, at 6-A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Suicide by  
shooting

Date of onset

Dec. 13,  
1937

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Dec 13, 1937

Where did injury occur? Baldwin Md.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Shot self in chest.

Nature of injury

Gunshot wound

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

No

(Signed)

(Address)

Clifford J. Hudson  
York Md.

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

**Example II**

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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9

Registration Dist. No. 120

No. Quaker Hill St.            Ward           

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. .... mos. .... ds. How long in U.S. if of foreign birth? ..... yrs. .... mos. .... ds.

**If U. S. Veteran, specify WAR**

St. \_\_\_\_\_ Ward.

(Usual place of abode)

-----  
If nonresident give city or town and State

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 20, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 30, 1937, to Dec 30, 1937

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m

The **PRINCIPAL CAUSE OF DEATH** and related causas of importance were as follows:

Date of onset

Stillborn (Premature)  
6 months

**Other Contributory Causes of Importance:**

|        |            |        |      |   |
|--------|------------|--------|------|---|
| 7. AGE | Years      | Months | Days | If LESS than<br>1 day,-----hrs<br>or-----min. |
|        | Still born |        |      |   |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ....

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

10. Date deceased last worked at  
this occupation (month and  
year) -----

11. Total time (years) spent in this occupation ---

12. BIRTHPLACE (city or town) ----- Hollyfield  
(State or country) ----- Ind

13. NAME General ~~Anthony~~ Cannon

14. BIRTHPLACE (city or town) Baltimore  
(State or country) Ind

ER 15. MAIDEN NAME *Harris, Du Vall*

16. BIRTHPLACE (city or town) Barto. County  
(State or country) Ind.

17. INFORMANT George Cannon  
(Address) 1444 1st St. S. E.

18. BURIAL, CREMATION, OR REMOVAL  
Place Hollywood, Ind. Date Jan. 1, 1937

19. UNOERTAKER H. S. Symboruk  
(Address)

20. FILED 30, 19 1968

### Manner of Injury

### Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

**If so, specify**

(Signed) Paul A. Sullivan M.D.

(Address) Chloroform and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

A. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12670

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 37  
 Village or City Cockeysville No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred Life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

John Thomas Chaffman If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. Cockeysville St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>male</u>  | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Annie R. Dumbauld</u>                           |                                  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Nov. 20, 1885</u>   |                                  |   |
| 7. AGE<br>Years <u>52</u>  | Months <u>1</u>                  | Days <u>3</u><br>If LESS than 1 day, _____ hrs. or _____ min.               |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Road Foreman</u> |                                  | 11. Total time (years) spent in this occupation <u>25</u>                   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                                 |                                  |   |
| 10. Date deceased last worked at this occupation (month and year) <u>Dec., 1937</u>                                |                                  |   |

|   |  |
|---|--|
| MOTHER   FATHER   | 12. BIRTHPLACE (city or town) (State or country)<br><u>Iscas</u><br><u>Balto. Co., Md.</u>       |
|   | 13. NAME<br><u>Benjamin F. Chaffman</u>  |
|   | 14. BIRTHPLACE (city or town) (State or country)<br><u>Cockeysville</u><br><u>Baltimore, Md.</u> |
|   | 15. MAIDEN NAME<br><u>Catherine Feany</u>  |
|   | 16. BIRTHPLACE (city or town) (State or country)<br><u>Iscas</u><br><u>Balto. Co., Md.</u>       |
|   | 17. INFORMANT (Address)<br><u>Mrs. Annie R. Chaffman</u>   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Graves-Cockeysville</u> Date <u>Dec. 27, 1937</u> |  |
| 19. UNDERTAKER (Address)<br><u>Wm. S. Dumbauld &amp; Son</u><br><u>Sparks, Md.</u>              |  |
| 20. FILED <u>Dec 24, 1937</u> <u>William J. Whitcomb</u><br><u>State Local</u> Registrar.       |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 23, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from December 17, 1937, to December 23, 1937

I last saw him alive on December 23, 1937; death is said to have occurred on the date stated above, at 12 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocardial  
Soban Pneumonia

Date of onset  
12/10/37  
12/10/37

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_  
 (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_  
 Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_  
 (Signed) George Schorlet M. D.  
 (Address) Cockeysville, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12671

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38  
 Village or City Luskenille, Md No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Barley Chapman  
 (a) Residence: No. Sumner St. Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                |  |
|---|--------------------------------|--|
| 3. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>—</u>                          |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>                                   |                                |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Dec 16, 37</u>   |                                |  |
| 7. AGE<br><u>—</u>  | Years<br><u>—</u>              | Months<br><u>—</u>   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>—</u> |                                | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>—</u> |
| 10. Date deceased last worked at this occupation (month and year)<br><u>—</u>                           |                                | 11. Total time (years) spent in this occupation<br><u>—</u>                                    |
| 12. BIRTHPLACE (city or town) <u>Luskenille, Md</u><br>(State or country)                               |                                |  |
| 13. NAME <u>Norman Chapman</u>  |                                |  |
| 14. BIRTHPLACE (city or town) <u>Virginia</u><br>(State or country)                                     |                                |  |
| 15. MOTHER NAME <u>Catherine Mason</u>  |                                |  |
| 16. BIRTHPLACE (city or town) <u>Towson, Md</u><br>(State or country)                                   |                                |  |
| 17. INFORMANT <u>John A. Mason</u><br>(Address) <u>314 Madison Ave, Towson</u>                          |                                |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>St. Ignace Rect</u> Date <u>Dec 17, 1937</u>              |                                |  |
| 19. UNDERTAKER <u>John A. Mason</u><br>(Address) <u>314 Madison Ave, Towson</u>                         |                                |  |
| 20. FILED <u>Dec 17, 1937</u><br><u>Registrar</u>   |                                |  |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 16, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 15, 1937, to Dec. 16, 1937

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Steelbom Retch. Date of onset \_\_\_\_\_

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Louis A. Johnson M. D.

(Address) 2329. E. ...

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “*laborer*” when a more precise statement of the occupation can be secured. Do not use the word “*mechanic*,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., *heart failure*, *asphyxia*, *asthenia*, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12672

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Ringsville

No.

Registration Dist. No.

40

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

May J. Chapman

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Halter J. Chapman

6. DATE OF BIRTH (month, day, and year)

Sept 2 - 1872

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.

65

3

✓

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)  
(State or country)

Md.

FATHER

13. NAME

Edw. H. Altrater

14. BIRTHPLACE (city or town)  
(State or country)

Md.

15. MAIDEN NAME

Cassandra Woodland

16. BIRTHPLACE (city or town)  
(State or country)

Md.

17. INFORMANT  
(Address)Halter J. Chapman  
Ringsville Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. John's, C. M. Ringsville

Date

Dec 4, 1937

19. UNDERTAKER  
(Address)Clarence E. Arthur  
Folk Rd.

20. FILED

12/3/37, 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec

2

1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

Oct 36, 1936, to Dec. 2, 1937

I last saw her alive on Dec. 1, 1937; death is said

to have occurred on the date stated above, at 12:15 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

acute dry fibrous pleurisy  
lobar pneumonia (R)  
miliary pulmonary tuberculosis

Date of onset

Nov. 17, 1937

Nov. 21,

Nov. 24,

1937

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Was there an autopsy?

23. If death was due to external causes (VIDENCES) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Clifford J. Hudson  
M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12673

## 1. PLACE OF DEATH

County BaltimoreVillage or City OverleaLength of residence in city or town where death occurred Unknown yrs. mos. ds.

131

Registration Dist. No. 43No. 3 E. Maple Ave. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Vernon A. Clary

If U. S. Veteran, specify WAR

(a) Residence: No. 3 E. Maple Ave.St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) Aug. 5<sup>th</sup> 1897

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years     | Months   | Days      | If LESS than<br>1 day, ..... hrs.<br>or ..... min. |
|        | <u>40</u> | <u>2</u> | <u>29</u> |  |

|            |   |                       |
|------------|---|-----------------------|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. | <u>Crane Operator</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          | <u>Ship Building</u>  |
|            | 10. Date deceased last worked at this occupation (month and year)                           | <u>Nov. 30, 1937</u>  |
|            | 11. Total time (years) spent in this occupation   | <u>10</u>             |

12. BIRTHPLACE (city or town) Wings Junction  
(State or country) Ohio13. NAME John Clary14. BIRTHPLACE (city or town) Unknown  
(State or country) Ireland15. MAIDEN NAME Anne Roach16. BIRTHPLACE (city or town) Unknown  
(State or country) Ohio17. INFORMANT Mrs. Mitchell  
(Address) 3 E. Maple Ave. Overlea18. BURIAL, CREMATION, OR REMOVAL  
Statenville, Ohio, Dec. 6<sup>th</sup> 193719. UNDERTAKER Frederick Luschns Louis  
(Address) 7401 Delair Road20. FILED 12/5, 1937. C. A. Fitzmaurice  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 4, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1937, to Dec 4, 1937

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at 11:50 P.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage  
Date of onset Dec 4

Other Contributory Causes of Importance:

Arteriosclerosis  
Myocarditis  
Chronic Alcoholism

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Dr. C. J. Zimmerman M. D.(Address) 9858 Washington Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|  | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>                  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>    | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>               | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance: |                     |
| <i>Gallstones</i>                        | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

The principal cause of death and related causes of importance were as follows:

|  | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>                | <i>1 week ago</i> |
| <i>Run over by street car</i>            | <i>1 week ago</i> |
| <i>Peritonitis</i>                       | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance: |                   |
| <i>Gastroenteritis</i>                   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12674

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38  
 Village or City EUDOWOOD SANATORIUM, TOWSON, MD. No. 23 St. PL Ward 38  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Cecilia Eleanor Clem U. S. Veteran specify WAR 20.  
 (a) Residence: No. 806 Burgundy St. Baltimore Ward. Baltimore  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |  |  |
|---|--|--|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>   | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Raymond G. Clem</u>                            |  |  |
| 6. DATE OF BIRTH (month, day, and year) <u>June 12, 1902</u>  |  |  |
| 7. AGE<br>Years <u>35</u><br>Months <u>5 mo</u><br>Days <u>25</u><br>If LESS than 1 day, _____ hrs. or _____ min. |  |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housewife</u> |  |
|   | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>at home</u>            |  |
|   | 10. Date deceased last worked at this occupation (month and year) <u>2/1/1937</u>                            |  |
|   | 11. Total time (years) spent in this occupation <u>18</u>  |  |

|  |
|--|
| 12. BIRTHPLACE (city or town) (State or country) <u>Baltimore Maryland</u> |
| FATHER   |
| 13. NAME <u>James Parker</u>   |
| 14. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>            |
| MOTHER   |
| 15. MAIDEN NAME <u>Alice Moore</u>   |
| 16. BIRTHPLACE (city or town) (State or country) <u>Unknown</u>            |

|   |                                 |
|---|---------------------------------|
| Personal History--Hospital Record   |                                 |
| 17. INFORMANT (Address) <u>Eudowood Sanatorium, Towson, Md.</u>                       |                                 |
| 18. BURIAL, CREMATION, OR REMOVAL Place <u>Unknown, Church</u> Date <u>Dec 11, 37</u> |                                 |
| 19. UNDERTAKER (Address) <u>W. A. Bridges</u>   |                                 |
| 20. FILED <u>Dec 11, 37</u>   | Registrar. <u>W. A. Bridges</u> |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 8, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from October 30, 1937, to December 8, 1937

I last saw her alive on December 8, 1937; death is said to have occurred on the date stated above, at 2:40 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pulmonary Tuberculosis

Date of onset August 1933

Other Contributory Causes of Importance:

Name of operation None Date of None  
 What test confirmed diagnosis? X-Ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HDME, or In PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) W. A. Bridges M. D.  
 (Address) Towson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12675

## 1. PLACE OF DEATH

County

Village or City

Registration Dist. No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

1888 (?)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

49

?

?

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Chicken-dealer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

Sept. 1937

11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Russia

FATHER

13. NAME

Milton Cohen

14. BIRTHPLACE (city or town)  
(State or country)

Russia

MOTHER

15. MAIDEN NAME

Ida Landerman

16. BIRTHPLACE (city or town)  
(State or country)

Russia

17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

1937

19. UNDERTAKER  
(Address)

20. FILED

Dec. 6, 1937

T. Rowe Price

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December

5

1937

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from  
Nov. 28, 1937, to Dec. 5, 1937

I last saw him alive on Dec. 5, 1937; death is said

to have occurred on the date stated above, at 9:05 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pneumonia  
Pulmonary Tuberculosis  
Permeable Anemia

Date of onset

Other Contributory Causes of importance:

Emaciation  
Arteriosclerosis

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

yrs.

No.

Registration Dist. No.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth?

## 2. FULL NAME

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

19. UNDERTAKER  
(Address)

20. FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY That I attended deceased from

I last saw him alive on

to have occurred on the date stated above, at

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

12-1-37

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

M. D.

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

RECEIVED  
DEC 17 1927  
BUREAU OF V. & C.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12677

## 1. PLACE OF DEATH

County BaltimoreVillage or City Catonsville, Spring Grove HospitalRegistration Dist. No. 30

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred 2 yrs. 3 mos. 0 ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

John Connolly

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 1730 N. Caroline St. St. Balt. Ward. Md.

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofSingle6. DATE OF BIRTH (month, day, and year) December 4 1896

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.61031

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BDDKKEEPER, etc.Stone worker9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Quarry10. Date deceased last worked at  
this occupation (month and  
year)193411. Total time (years)  
spent in this  
occupation?

12. BIRTHPLACE (city or town)

(State or country)

Maryland(Baltimore)

MOTHER FATHER

13. NAME

Daniel Connolly

14. BIRTHPLACE (city or town)

(State or country)

Ireland

15. MAIDEN NAME

Catherine Redding

16. BIRTHPLACE (city or town)

(State or country)

Ireland

17. INFORMANT

(Address)

Hospital Records

18. BURIAL, CREMATION, OR REMOVAL

Place

at Catonsville

Date

Dec 28 1937

19. UNDERTAKER

(Address)

William Cook  
1217 St Paul St.

20. FILED

Dec 25, 1937Marshall B. West

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 24

(Month)

24

(Day)

1937

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 24, 1935, to Dec. 24, 1937I last saw him alive on December 23, 1937; death is saidto have occurred on the date stated above, at 11:01 P.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Generalized Arteriosclerosis Before 1935  
Arteriosclerotic Heart Disease Before 1935  
(Coronary Disease)

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis ClinicalWas there an autopsy? No23. If death was due to external causes (VIOLENCE) fill in also the following: NoAccident, suicide, or homicide? No Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

John J. Ruppel M. D.

(Address)

Catonsville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

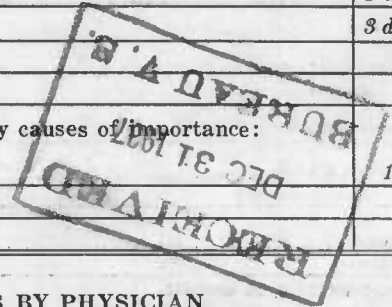
Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12678

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleNo. Charing CrossRegistration Dist. No. 30

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## 2. FULL NAME

Joseph Edward Cook

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Charing Cross, Catonsville

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofIda E. Cook6. DATE OF BIRTH (month, day, and year) August 31, 1874

7. AGE

Years

63

Months

4

Days

18If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Funeral Director9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year)Dec. 13, 193711. Total time (years)  
spent in this  
occupation 48 yrs

12. BIRTHPLACE (city or town)

Baltimore

(State or country)

Maryland

MOTHER FATHER

13. NAME

Joseph B. Cook

14. BIRTHPLACE (city or town)

Baltimore

(State or country)

Maryland

15. MAIDEN NAME

Medora S. Roelkey

16. BIRTHPLACE (city or town)

Frederick

(State or country)

Maryland

17. INFORMANT

Mr. Edward W. Lamoreau(Address) 1003 W. Baltimore St.

18. BURIAL, CREMATION, OR REMOVAL

Place Lorraine Cem.Date Dec. 20

1937

19. UNDERTAKER

(Address) 1003 W. Baltimore St.

20. FILED

11/20/37

19

Edmondson

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 17

(Month)

(Day)

1937

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1936to Dec 17

1937

I last saw him alive on Dec 17, 1937; death is saidto have occurred on the date stated above, at 1:45 P. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:arteriosclerotic Cardis-muscular Diseasecoronary sclerosisDigitalis and cardiac Diseasewith Dec. 17, 1937, deatharteriosclerotic Cardis-

Other Contributory Causes of Importance:

ventricular fibrillationcoronary thrombosis

Date of onset

12-17-37

Name of operation

no

Date of

What test confirmed diagnosis?

E. K.Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

no

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John E. Boyer

M. D.

(Address) 5508 Edmondson Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12679

## 1. PLACE OF DEATH

County

Village or City

Length of residence in city or town where death occurred

4 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St.

Ward.

Registration Dist. No.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

About 70 -

7. AGE

Years

Months

Days

If LESS than

1 day, -----hrs.

or -----min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL (Address)

19. UNDERTAKER (Address)

20. FILED

12/11/37

19

37

1937

1937

1937

1937

1937

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1937

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from

1937, to Dec. 10, 1937

I last saw him alive on Dec. 9, 1937; death is said

to have occurred on the date stated above, at 6:40 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemiplegia &amp; Stroke

Date of onset

3 wks

Other Contributory Causes of importance:

Cerebral Hemorrhage

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12680

## 1. PLACE OF DEATH

County Balto.Village or City GlyndonLength of residence in city or town where death occurred 41 yrs.Registration Dist. No. 33

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Glyndon Md.

(Usual place of abode)

St.

Ward.

If U. S. Veteran, specify WAR \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (Write the word)<br><u>Married</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Jessie Duwall Dew6. DATE OF BIRTH (month, day, and year) Sept. 30 1845

|        |           |          |          |  |
|--------|-----------|----------|----------|--|
| 7. AGE | Years     | Months   | Days     | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|        | <u>92</u> | <u>2</u> | <u>3</u> |  |

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Retired contractor</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>Retired contractor</u>          |
|            | 10. Date deceased last worked at this occupation (month and year)<br><u>Dec 6 1937</u>                                   |
|            | 11. Total time (years) spent in this occupation<br><u>41</u>   |

12. BIRTHPLACE (city or town) England  
(State or country)13. NAME Hm Dew14. BIRTHPLACE (city or town) England  
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) England  
(State or country)17. INFORMANT Jessie Duwall Dew  
(Address) Glyndon Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Druid Ridge Date Dec 6 193719. UNDOERTAKER J. F. Eline & Sons  
(Address) Baltimore Md.20. FILED Dec 5 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 3 1937  
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from Dec 1 1937 to Dec 3 1937I last saw him alive on Dec 2 1937; death is said to have occurred on the date stated above, at 4 1/2 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Uremia (coma)

Date of onset

Other Contributory Causes of importance:

arteriosclerosis  
hypertension  
phyllosclerosis (chronic)  
hypertrophy (chronic)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James L. Saffell(Address) Baltimore Md.

M. O.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

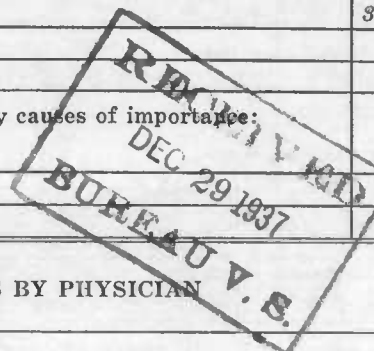
The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12681

## 1. PLACE OF DEATH

County BaltimoreVillage or City Essex

No.

Registration Dist. No. 44

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

How long in U.S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

F. C. Dietrich

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Morsey Ave.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of

Fredricka Heintzpetec

6. DATE OF BIRTH (month, day, and year)

Mar. 9-1860

7. AGE

Years

77

Months

9

Days

1

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Germany

FATHER

13. NAME

Unknown

MOTHER

14. BIRTHPLACE (city or town) (State or country)

Germany

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT

(Address)

Frank L. Dietrich  
Morsey Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place Morland Mem. Pk. Date 12/20, 1937

19. UNDERTAKER

(Address)

John B. Connolly  
Essex Md.20. FILED 12/20, 1937John B. Connolly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.  
(Month)18  
(Day)1937  
(Year)

22.

I HEREBY CERTIFY That I attended deceased from

July, 1937, to Dec. 18, 1937I last saw him alive on Dec. 18, 1:30 PM, 1937; death is saidto have occurred on the date stated above, at 1:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

1936

Other Contributory Causes of importance:

Name of operation

None

Date of

What test confirmed diagnosis?

AutopsyWas there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

(Address)

J. H. White  
Essex Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12692

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Catonville

Length of residence in city or town where death occurred

35 yrs.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No.

55 Wm

St.

Ward

Registration Dist. No.

30

## 2. FULL NAME

(a) Residence: No.

# 55 Wm

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Timothy Ebb

6. DATE OF BIRTH (month, day, and year)

Oct 7, 1861

7. AGE

Years

76

Months

3

Days

12

If LESS than

1 day, hrs.

or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town)

(State or country)

Howard County Md.

FATHER

13. NAME

Charles Henry Dorsey

14. BIRTHPLACE (city or town)

(State or country)

Md

MOTHER

15. MAIDEN NAME

Martha Ellen (?)

16. BIRTHPLACE (city or town)

(State or country)

Md

17. INFORMANT

(Address)

Allen Ebb

18. BURIAL, CREMATION, OR REMOVAL

Place

Western County Date Dec 23, 1937

19. UNDERTAKER

(Address)

Archibald G. Hadden 2101 Mc Miller St.

20. FILED

12/21/37

H. H. Hadden Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec.

19

1937

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Dec 1, 1937, to Dec 19, 1937

I last saw him or her alive on Dec 19, 1937; death is said

to have occurred on the date stated above, at 8:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Sub acute myocarditis

Date of onset

about 8 mos

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

K. Albert Hadden 102 Wm, Catonville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## STATE OF MARYLAND—CERTIFICATE OF DEATH

12683

## 1. PLACE OF DEATH

County

Belts

Village or City

Stammers Run

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Baby Girl Edwards

If U. S. Veteran specify WAR

(a) Residence: No.

Back River Neck Rd. Stammers Run, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Infant

5b. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec 23, 1937

7. AGE

Years

Months

Days

If LESS than

1 day, ..... hrs.  
or ..... min.

Stillborn

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Belts Co. Md.

FATHER

13. NAME

Clifton Edwards

14. BIRTHPLACE (city or town)  
(State or country)

Belts Co. Md.

MOTHER

15. MAIDEN NAME

Florence Jordan

16. BIRTHPLACE (city or town)  
(State or country)

Belts Co. Md.

17. INFORMANT  
(Address)Mr. Clifton Edwards  
Back River Neck Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place

Belts Co. Md. Date 12/23, 1937

19. UNDERTAKER  
(Address)J. S. Connolly  
Essex, Md.

20. FILED

12/23, 1937

J. S. Connolly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

23  
(Day)1937  
(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

Dec. 23, 1937 to Dec 23, 1937

I last saw him alive on Dec. 23, 1937; death is said

to have occurred on the date stated above, at 4:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Stillborn Infant

Date of onset

12/23/37

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? No.

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Joseph F. Gomerin M. D.

(Address) Belts Co. Md.

Coroner

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Date of onset

*Arteriosclerosis*

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

*1 week ago*

*Ran over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12684

## 1. PLACE OF DEATH

County BaltimoreRegistration Dist. No. 30Village or City Spring Grove State Hospital No. Catonsville, Maryland St.        Ward       

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 2 mos. 12 ds. How long in U. S. If of foreign birth?        yrs.        mos.        ds.2. FULL NAME Moses FainglosIf U. S. Veteran, specify WAR       (a) Residence: No. 2207 W. North Avenue St.        Ward.       Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>male</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>married</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of Mrs. Clara Benjamin Fainglos  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 1863

|                           |                 |               |  |
|---------------------------|-----------------|---------------|--|
| 7. AGE<br>Years <u>74</u> | Months <u>?</u> | Days <u>?</u> | If LESS than<br>1 day, -----hrs.<br>or -----min. |
|---------------------------|-----------------|---------------|--|

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Business man</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Clothing store</u>        |
|            | 10. Date deceased last worked at this occupation (month and year) <u>?, 1928</u>                                |
|            | 11. Total time (years) spent in this occupation <u>50 yrs.</u>  |

12. BIRTHPLACE (city or town) Russia  
(State or country)13. NAME Louis Fainglos14. BIRTHPLACE (city or town) Russia  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Russia  
(State or country)17. INFORMANT Hospital records  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Phosphate Date 12-19-37, 19      19. UNDERTAKER John J. Runkel  
(Address) 2439 E. Baltimore St.20. FILED 12/17/37, 19      

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 17, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
October 5, 1935, to Dec. 17, 1937I last saw him alive on Dec. 17, 1937; death is saidto have occurred on the data stated above, at 10:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

|                                       |                   |
|---------------------------------------|-------------------|
| <u>Senility</u>                       | bef. 19 <u>33</u> |
| <u>Generalized arteriosclerosis</u>   | " "               |
| <u>Arteriosclerotic heart disease</u> |                   |
| <u>with hypertension</u>              | bef. 19 <u>35</u> |

Other Contributory Causes of importance:

Name of operation none Date of       What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (VIOLENCE) fill in also the following: noAccident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?       

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John J. Runkel(Address) Catonsville, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12685

## 1. PLACE OF DEATH

County BaltimoreVillage or City Pikesville

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. mos. ds.How long in U.S. if of foreign birth? 70 yrs. mos. ds.

## 2. FULL NAME

William FisherIf U. S. Veteran, specify WAR No(a) Residence: No. 3 Sudbush Lane

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Louise Fisher

6. DATE OF BIRTH (month, day, and year)

June 30 1867

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.7059

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Suburban Club9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Suburban Club10. Date deceased last worked at  
this occupation (month and  
year)193511. Total time (years)  
spent in this  
occupation35 yrs

12. BIRTHPLACE (city or town)

(State or country)

Maryland

FATHER

13. NAME

William Fisher

MOTHER

14. BIRTHPLACE (city or town)

(State or country)

Maryland

15. MAIDEN NAME

William

16. BIRTHPLACE (city or town)

(State or country)

Maryland

17. INFORMANT

(Address)

Mary Louise Fisher  
Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Paul's Church

Date

Dec 11 1937

19. UNDERTAKER

(Address)

William Croft  
1217 St. Paul St.

20. FILED

Dec 9, 193726 Nichols

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 9 -

(Month)

(Day)

1937  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

July 151935to Dec 91937I last saw him alive on Dec 8, 1937; death is saidto have occurred on the date stated above, at 10:50 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral hemorrhage

Date of onset

4 days

Other Contributory Causes of Importance:

Arturo Schuster's  
Insanity

Name of operation

Date of

What test confirmed diagnosis? Cerebral Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

E. E. Nichols

M. D.

(Address)

Pikesville, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12686

## 1. PLACE OF DEATH

County Baltimore

Village or City White House

No.

Registration Dist. No. 34

St.

Ward

Length of residence in city or town where death occurred 8 yrs. - mos. - ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U. S. if of foreign birth? yrs. - mos. - ds.

## 2. FULL NAME

(a) Residence: No.

(Usual place of abode)

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX

Male

### 4. COLOR OR RACE

White

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Annie Fishman

### 6. DATE OF BIRTH (month, day, and year)

Aug 2, 1865

### 7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

72

4

5

### OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Stenographer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Building

10. Date deceased last worked at this occupation (month and year)

2 years ago

11. Total time (years) spent in this occupation 50 yrs.

### 12. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

### FATHER

#### 13. NAME

Asbury Fishman

#### 14. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

### MOTHER

#### 15. MAIDEN NAME

Rachel Rutter

#### 16. BIRTHPLACE (city or town) (State or country)

Baltimore Maryland

### 17. INFORMANT

(Address)

Miss Elven Cox Upperco Md.

### 18. BURIAL, CREMATION, OR REMOVAL

Place

Eastern Hunter

Date

Dec 10, 1937

### 19. UNDERTAKER

(Address)

Wm. G. Brooks & Son Sparks Md.

### 20. FILED

Dec 9, 1937

Ernest F. Alban

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

12, 7, 19337

(Month)

(Day)

(Year)

### 22. I HEREBY CERTIFY, That I attended deceased from

No apparent cause was death

I last saw him on called, 1937; death is said

to have occurred on the date stated above, at 4:45 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Stomach  
Dr. Finkle regular physician

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Edgar M. Brooks

(Address)

1100 First St. N.E. Washington D.C.

MARGIN RESERVED FOR BINDING

V. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12687

## 1. PLACE OF DEATH

County

Baltimore

(167)

Registration Dist. No.

32

Village or City

Lock Creek Rd. 1/4 mi. North of #1 Bridge

No.

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Paul H. Fohner

(a) Residence: No.

532 Arling Ave.

Ward.

Lozano

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Margaret Russell Fohner

6. DATE OF BIRTH (month, day, and year)

Sept 13, 1901

7. AGE

Years

Months

Days

If LESS than

1 day, hrs.

or min.

36224

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Accountant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore City

FATHER

13. NAME

Joseph P. Fohner

14. BIRTHPLACE (city or town)

(State or country)

Baltimore City

MOTHER

15. MAIDEN NAME

Annie E. Thier

16. BIRTHPLACE (city or town)

(State or country)

Baltimore City

17. INFORMANT

(Address)

Mary M. Walsh  
4019 Wilsey Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Redeema

Date

12/10/1937

19. UNDERTAKER

(Address)

John A. Wilson  
3000 E. Balto St.

20. FILED

12/9/37Deputy Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec

(Month)

7

(Day)

1937

(Year)

22.

I HEREBY CERTIFY. That I attended deceased from

, 19

to

, 19

I last saw him alive on

, 19

to have occurred on the data stated above, at

m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Success by shooting himself

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? suicide Date of injury Dec 7, 1937Where did injury occur? Baltimore Co.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Highway

Manner of injury

Nature of injury

gun shot in head

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

T. Walter Allen  
Co. Surgeon

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



NOTE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12688

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Sparrows Point

Registration Dist. No.

44

(If death occurred in a hospital or institution, give its NAME instead of street and number)

No. Lynch Road, Todds Farm

St.

Ward

Length of residence in city or town where death occurred

21 yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Alexander Ford

(a) Residence: No.

Lynch Road, Todds Farm

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, end year)

Unknown 1864

7. AGE

Years

73

Months

Days

If LESS than

1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farm hand

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Farm

10. Date deceased last worked at this occupation (month end year)

Dec. 14/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

Virginia

FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)

(State or country)

Unknown

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

(Address)

Mr. A. Morris Todd Sparrows Point, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt. Calvary Cem.

Date

12-11-1937

19. UNDERTAKER

(Address)

B. J. McNameis, 1218 N. Charles St. Baltimore, Md.

20. FILED

Dec 10<sup>th</sup>

1937

G. L. McDonald

M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 8

1937

(Month) (Day) (Year)

22.

I HEREBY CERTIFY That I attended deceased from

April

1937

to Dec 8

1937

I last saw him alive on Dec 8, 1937; death is said

to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute pulmonary edema

chronic myocarditis

arteriosclerosis

Date of onset

Sudden

about

1922

about

1922

Other Contributory Causes of Importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Exam

Was there an autopsy?

Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

no

If so, specify

(Signed)

Louis H. Tollen

M. D.

(Address)

Sparrows P. Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

RECEIVED

DEC 27 1937

BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12689

## STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Woodlawn Baltimore Co.Registration Dist. No. 30Village or City Woodlawn

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs.  mos.  ds. How long in U.S. If of foreign birth?  yrs.  mos.  ds.2. FULL NAME Nelson W. FosterIf U. S. Veteran, specify WAR No record(a) Residence: No. 10 Guyndale Ave. St.  Ward. 

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

## 5a. If married, widowed, or divorced

HUSBAND of Abigail Foster

## 6. DATE OF BIRTH (month, day, and year)

Mar 2, 1870

## 7. AGE

Years

Months

Days

If LESS than  
1 day,  hrs.  
or  min.67920

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Typewriter Oper.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Baltimore News

10. Date deceased last worked at this occupation (month and year)

Dec 24, 193711. Total time (years) spent in this occupation 25 yrs

## 12. BIRTHPLACE (city or town)

Baltimore

(State or country)

Md

## MOTHER FATHER

## 13. NAME

J. Nelson Foster

## 14. BIRTHPLACE (city or town)

?

(State or country)

## 15. MAIDEN NAME

Alice Wheat

## 16. BIRTHPLACE (city or town)

?

(State or country)

## 17. INFORMANT

(Address)

Abigail Foster

## 18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

Dec 24, 1937

## 19. UNDERTAKER

(Address)

Baltimore

## 20. FILED

12/22311937H. Andrew

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec  
(Month)22  
(Day)193 7  
(Year)

## 22.

I HEREBY CERTIFY, that I attended deceased from Dec 1, 1937, to Dec 22, 1937I last saw him alive on Dec 22, 1937; death is saidto have occurred on the date stated above, at 5:20 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio-sclerosis  
Chr. Int. nephritis  
Cerebral hemorrhageDate of onset  
1927  
1932  
12/12/37

Other Contributory Causes of Importance:

Name of operation

P.E.

Date of

What test confirmed diagnosis?

P.E.Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Thomas L. Dodd M. D.

(Address)

735 N. Fulton Ave.

If more than one name, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. N.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12690

## 1. PLACE OF DEATH

County Balto Co.Registration Dist. No. 37Village or City Cockeysville

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

7 yrs.5 mos.5 ds.

How long in U.S. if of foreign birth?

7 yrs.5 mos.5 ds.

## 2. FULL NAME

Mary Bland Fowler

If U. S. Veteran, specify WAR

(a) Residence: No.

Cockeysville

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widow

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofWilliam Fowler

## 6. DATE OF BIRTH (month, day, and year)

July 15<sup>th</sup> 1841

## 7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.96420

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.None9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

## 12. BIRTHPLACE (city or town)

(State or country)

Washington D. C.

## FATHER

## 13. NAME

William Harwood Bland

## 14. BIRTHPLACE (city or town)

(State or country)

Maryland

## MOTHER

## 15. MAIDEN NAME

Unknown

## 16. BIRTHPLACE (city or town)

(State or country)

Unknown

## 17. INFORMANT

(Address)

Jane D. Fowler  
Annapolis Md.

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Annapolis Md.  
Dec 7 1937

## 19. UNDERTAKER

(Address)

John M. Taylor  
Annapolis Md.

## 20. FILED

Date

Year

Month

Day

Hour

Minute

Second

Tenth

Hundredth

Thousandth

Ten thousandth

Hundred thousandth

Millionth

Billionth

Trillionth

Quadrillionth

Quintillionth

Sextillionth

Septillionth

Octillionth

Nonillionth

Decillionth

Undecillionth

Duodecillionth

Tredecillionth

Quattuordecillionth

Quintodecillionth

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December67

(Month)

(Day)

(Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

September 1937, to December 6 1937

I last saw her alive on

Dec 31937; death is saidto have occurred on the date stated above, at 6 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterio sclerosis  
Chronic myocarditis  
Bronchopneumonia

Date of onset

??Dec. 1

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

B. W. Dondone

M. D.

(Address)

Jexco. Ind.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B. Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## 1 PLACE OF DEATH

County BaltimoreSTATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 38Village or City Towson (No. 506 Delaware Ave. St.        Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME Matilda Martha Fox

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married  
(Write the word)6 DATE OF BIRTH April 20, 1873  
(Month) (Day) (Year)7 AGE 62 yrs. 9 mos.        ds. or        min. If LESS than 1 day        hrs.8 OCCUPATION  
(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed or (employer)9 BIRTHPLACE (State or country) Ireland10 NAME OF FATHER Peter McCullough11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Ellen McSwiggan13 BIRTHPLACE OF MOTHER (State or Country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Enoch J. Fox(Address) Towson Md15 Filed Dec 23 1937 John Burns Sons Registrar180 War Veteran  
MEDICAL CERTIFICATE OF DEATH16 DATE OF DEATH December 22, 1937  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended the deceased from October 7, 1937 to December 22, 1937, that I last saw her alive on December 21, 1937.and that death occurred on the date stated above, at 11:30 A.M.  
The CAUSE OF DEATH \* was as follows:  
Carcinoma of liver - metastatic from  
Ovarian cyst.(Duration) 6 yrs.        mos.        ds.Contributory  
Secondary(Duration)        yrs.        mos.        ds.  
(Signed) R. O. Seffman M. D.  
Dec 22, 1937 (Address) 600 Baltimore Ave  
Towson Md

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death        yrs.        mos.        ds. In the State        yrs.        mos.        ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mount Morris DATE OF BURIAL Dec. 24, 193720 UNDERTAKER John Burns Sons ADDRESS Towson Md.

# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc.* But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "For man," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At Home*, and children, not gainfully employed, as *At school, or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Farmer (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia, Bronchopneumonia* ("Pneumonia,"

unqualified, is indefinite); *Tuberculosis of lungs, meningitis, tetanum, etc., Carcinoma, Sarcoma, etc.*, of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hæmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uræmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbonic acid—probably suicide.* The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5 1938  
BUREAU V. S.

N. B.—WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12692

## 1. PLACE OF DEATH

County BaltimoreVillage or City FulbertonLength of residence in city or town where death occurred Unknown mos. \_\_\_\_\_ ds. \_\_\_\_\_Registration Dist. No. 43No. Coventon Ave. & Joppa Road Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Benton Lee Gardner If U. S. Veteran, specify WAR \_\_\_\_\_(a) Residence: No. Coventon Ave. & Joppa Road Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Catherine Gardner6. DATE OF BIRTH (month, day, and year) June 8th

|                     |       |                    |                   |  |
|---------------------|-------|--------------------|-------------------|--|
| 7. AGE<br><u>67</u> | Years | Months<br><u>6</u> | Days<br><u>17</u> | If LESS than 1 day, _____ hrs. or _____ min. |
|---------------------|-------|--------------------|-------------------|--|

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Florist</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                            |
|            | 10. Date deceased last worked at this occupation (month and year) <u>Dec 1933</u>                             |
|            | 11. Total time (years) spent in this occupation <u>15</u>   |

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Maryland13. NAME Jesse Gardner14. BIRTHPLACE (city or town) Unknown  
(State or country) Pennsylvania15. MAIDEN NAME Mary Beihl16. BIRTHPLACE (city or town) Unknown  
(State or country) Pennsylvania17. INFORMANT Mrs. Catherine Gardner  
(Address) Fulberton Md.18. BURIAL, CREMATION, OR REMOVAL  
Place London Park Date Dec. 27, 193719. UNDERTAKER Frederick Lassus & Sons  
(Address) 7401 Belair Road20. FILED Dec 25, 1937 SA Int

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 25th, 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

1936, to Dec 25, 1937I last saw him alive on Dec 24, 1937; death is saidto have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Apoplexy

Date of onset

6 days

## Other Contributory Causes of Importance:

Arterio Sclerosisyes

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Sutton A. Frost M. D.(Address) 6801 Belair Rd

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12693

## 1. PLACE OF DEATH

County Baltimore Co. Md.Village or City Cowenton

No.

Registration Dist. No. 40

St.

Ward

Length of residence in city or town where death occurred Unknown

(If death occurred in a hospital or institution, give its NAME instead of street and number)

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

William H. Hatchell

If U. S. Veteran, specify WAR

(a) Residence: No.

Railroad Ave. Cowenton

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Elizabeth Hatchell

6. DATE OF BIRTH (month, day, and year)

Nov. 4<sup>th</sup> 1875

7. AGE

Years

Months

Days

If LESS than 1 day, ----- hrs. or ----- min.

62110

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Telegraph Operator

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

R. R.

10. Data deceased last worked at this occupation (month and year)

Oct. 1st 1937

11. Total time (years) spent in this occupation

4.0 yrs.

12. BIRTHPLACE (city or town)

Philadelphia

(State or country)

Pennsylvania

FATHER

13. NAME

Nathaniel Hatchell

MOTHER

14. BIRTHPLACE (city or town)

Unknown

(State or country)

Maryland

15. MOTHER NAME

Anna M. Fulton

16. BIRTHPLACE (city or town)

Oxford

(State or country)

Pennsylvania

17. INFORMANT

(Address)

Mrs. Elizabeth Hatchell

18. BURIAL, CREMATION, OR REMOVAL

Deer Creek Cemetery

Date

Dec. 27, 1937

19. UNDERTAKER

(Address)

Frederick Baschert Sons

20. FILED

12/28/37

19

W. M. Hammond

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 24

(Month)

(Day)

1937  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from 12-18, 1937, to 12-24, 1937I last saw him alive on 12-24, 1937; death is said

to have occurred on the data stated above, at ----- m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Occlusion

Date of onset

12-18-37

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

AutopsyWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Thos. O'Hodous

M. D.

(Address)

Edgewood, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# State of Maryland HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH

12691  
38

### 1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 6507 Beverly Road Ward)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

### 2. FULL NAME

Anna Gerber

(a) Residence: No. 6507 Beverly Road St., Ward.  
(Usual place of abode) (If non-resident give city or town and State)

Registered No. 38

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

If U. S. Veteran specify WAR

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, year) Nov. 14, 1868

7. AGE Years Months Days  
69 1 1  
If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hessan castle  
(State or country) Germany

13. NAME Heinrich Reinhold

14. BIRTHPLACE (city or town) Germany  
(State or country)

15. MAIDEN NAME Anna Elizabeth Krug

16. BIRTHPLACE (city or town) Germany  
(State or country)

17. INFORMANT Mrs. J. L. Kennard  
(Address) 6507 Beverly Road

18. BURIAL, CREMATION, OR REMOVAL Moreland Memorial Park 12/18 1937

19. UNDERTAKER William Doon  
(Address) 1217 N. Paul St.

20. FILED Dec. 15 1937 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 15, 19 37

22. I HEREBY CERTIFY, That I attended deceased from 11/9, 19 37 to 11/23, 19 37

I last saw her alive on 11/23, 19 37. Death is said to have occurred on the date stated above, at 12:05 P.

The principal cause of death and related causes of importance were as follows:

Adenocarcinoma of Rectum

Date of onset March 1936

Other contributory causes of importance:

Anemia and Malnutrition

Was an operation performed? Yes Date of 1/11/37

For what disease or injury? Carcinoma of Rectum  
Proctoscopic Exam & Biopsy

Name of operation Colostomy

What test confirmed diagnosis? Microscopic Exam Was there an autopsy? No

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify

(Signed) John H. Hopkins M. D.

(Address) Johns Hopkins Hospital

MARGIN RESERVED FOR BINDING

N.B.—WRITE IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset |
|---------------------------------------|---------------|
| <i>Arteriosclerosis</i>               | 1915          |
| <i>Chronic interstitial nephritis</i> | 1921          |
| <i>Cerebral hemorrhage</i>            | July 5, 1927  |

Other contributory causes of importance:

|                   |             |
|-------------------|-------------|
| <i>Gallstones</i> | May 1, 1923 |
|-------------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset |
|-------------------------------|---------------|
| <i>Attack of epilepsy</i>     | 1 week ago    |
| <i>Run over by street car</i> | 1 week ago    |
| <i>Peritonitis</i>            | 3 days ago    |

Other contributory causes of importance:

|                        |        |
|------------------------|--------|
| <i>Gastroenteritis</i> | 1 year |
|------------------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH  
County Balto.

Village or City Dundalk

(No. 117 Williams Ave)

St. \_\_\_\_\_

Ward \_\_\_\_\_

Registration Dist. No. 41

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME G. B. Gessner

### PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Married

6 DATE OF BIRTH

Dec 7, 1886  
(Month) (Day) (Year)

7 AGE

53 yrs. 0 mos. 13 ds. or min.?

If LESS than 1 day hrs. min.

8 OCCUPATION

(a) Trade, profession or particular kind of work

Water Dept

(b) General nature of industry business, or establishment in which employed (or employer)

Balto Co.

9 BIRTHPLACE (State or country)

Balto Md

10 NAME OF FATHER

John Nicholas Gessner

11 BIRTHPLACE OF FATHER

(State or country)

Germany

12 MAIDEN NAME OF MOTHER

Annie Acchele

13 BIRTHPLACE OF MOTHER

(State or Country)

Md

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Minnie Gessner

(Address)

117 Williams Ave

15

Filed

12/23/37

M. Gessner  
Registrar

### MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Dec 20, 1937  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from Dec 11, 1937 to Dec 20, 1937.

that I last saw him alive on Dec 20, 1937.

and that death occurred on the date stated above, at 2:30 p.m.

The CAUSE OF DEATH \* was as follows:

Cardiac Dilatation  
+ collapse

(Duration) yrs. mos. ds.  
Contributory Barneho-Pneumonia  
Secondary

(Signed) Leonard Kelly, M.D.  
Dec 21, 1937 (Address) 1007 Dimmock St

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Parkwood Cem Dec 21, 1937

20 UNDERTAKER

ADDRESS

Philip Horwig Sons Orleans St

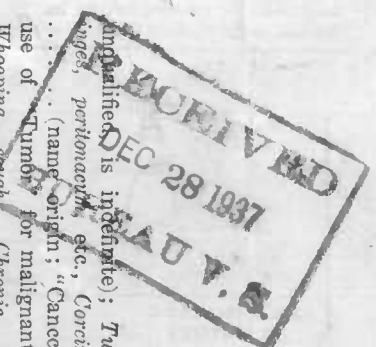


# REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public  
Health Association.)

**Statement of Occupation**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer, Farm laborer, Loberer—Cool mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus; *Former (retired 6 yrs)*. For persons who have no occupation whatever, write *None*.

**Statement of Cause of Death**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid Pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"



unqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonitis*, etc., *Carcinoma, Sarcoma*, etc., of (name) origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Menses*; *Whooping cough*, *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds*; *Bronchopneumonia* (secondary), *10 ds*. Never report mere symptoms or terminal conditions, such as "Asphemia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Træmia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicæmia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

## HEALTH DEPARTMENT—CITY OF BALTIMORE

12696

## CERTIFICATE OF DEATH

(95-6)

## 1. PLACE OF DEATH

City OF BALTIMORE: (No. *Park Heights avr, Eptucked,* St., ..... Ward)Registered No. *33*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred..... yrs *50* mos..... ds. How long in U. S. If of foreign birth?..... yrs..... mos..... ds.2. FULL NAME *Annie Lola H. Gill*

If U. S. Veteran

specify WAR

(a) Residence: No. *Park Heights avr,* St., ..... Ward, .....  
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. Color or Race *White* 5. Single, Married, Widowed, or Divorced (Write the word) *married*5a. If married, widowed, or divorced HUSBAND of *John Lollie Gill* (or) WIFE of6. DATE OF BIRTH (month, day, year) *May 29 - 1890*7. AGE Years *67* Months *6* Days *21* If LESS than 1 day, ..... hrs. or ..... min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore, Md.* (State or country)13. NAME *Charles Little*14. BIRTHPLACE (city or town) *Pa.* (State or country)15. MAIDEN NAME *Annie V. Blosser*16. BIRTHPLACE (city or town) *Pa.* (State or country)17. INFORMANT *Miss Annie V. Ford* (Address) *Pikesville, Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Int. O. L. W.* Date *Dec. 20* 19*37*19. UNDERTAKER *Frank H. Newell* (Address) *Pikesville, Md.*20. FILED *Dec. 20* 19*37* *T. Rowe Price* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *Dec 18* 19*37*22. I HEREBY CERTIFY, That I attended deceased from *Dec 18* 19*37*, to *Dec 18* 19*37*I last saw her *dead* on *on arrival* 19*37*. Death is said to have occurred on the date stated above, at *L.A.* m.

The principal cause of death and related causes of importance were as follows:

Date of onset

*acute Cardiac Decompensation* 12-18-37

Other contributory causes of importance:

*None.*Was an operation performed? *No* Date of *None*For what disease or injury? *None*Name of operation *None*What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? *No* Date of injury *None* 19*37*Where did injury occur? *None*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place *None*Manner of injury *None*Nature of injury *None*

24. Was disease or injury in any way related to occupation of deceased?

*No.* If so, specify *No.*(Signed) *D. D. Caples* M. D.(Address) *Pikesville, Md.*

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

JAN 5 1928

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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22. Mon  
to Heller

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

### Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset | The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|--|---------------|
| Arteriosclerosis   | 1915          | Attack of epilepsy   | 1 week ago    |
| Chronic interstitial nephritis   | 1921          | Run over by street car   | 1 week ago    |
| Cerebral hemorrhage  | July 5, 1927  | Peritonitis  | 3 days ago    |
|  |               |  |               |
| Other contributory causes of importance:                                       |               | Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   | Gastroenteritis  | 1 year        |
|  |               |  |               |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

V. S. No. 1

NEVER WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12698

## 1. PLACE OF DEATH

County Baltimore CountyVillage or City Endswood Sanatorium, Towson, Md.Registration Dist. No. 9, 37

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. 3702 Seguin AveSt. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

M.

## 4. COLOR OR RACE

W.

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

S.5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

## 6. DATE OF BIRTH (month, day, and year)

May 24<sup>th</sup> 1910

## 7. AGE

Years

27

Months

6

Days

25If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Cashier9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Oil Co.10. Data deceased last worked at  
this occupation (month and  
year)Aug 3111. Total time (years)  
spent in this  
occupation112. BIRTHPLACE (city or town)  
(State or country)Baltimore Md

## MOTHER FATHER

## 13. NAME

P. H. Gillaspay14. BIRTHPLACE (city or town)  
(State or country)Baltimore Md

## 15. MAIDEN NAME

Lillian Lurrell16. BIRTHPLACE (city or town)  
(State or country)Baltimore Md17. INFORMANT  
(Address)P. H. Gillaspay  
3207 Seguin Ave.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Parkwood Cem Date Dec. 22, 193719. UNDERTAKER  
(Address)Wm. J. McKenney Sons  
North St. Bk.

## 20. FILED

Dec 20, 1937

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 19, 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Nov. 6, 1937, to Dec. 19, 1937I last saw him alive on Dec. 18, 1937; death is saidto have occurred on the date stated above, at 5:40 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pulmonary Tuberculosis.

Date of onset

Nov 6 1937

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical Was there an autopsy? Yes

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Anthony J. Pappas M. D.(Address) 5217 York Rd.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12699

## 1. PLACE OF DEATH

County Balto.

Village or City Restertown

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Baby Boy Gray

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec. 28 1937

7. AGE

Years

Months

Days

If LESS than 1 day, 4 hrs. or 4 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

None

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Balto Co.

(State or country)

FATHER

13. NAME

Arthur Gray

14. BIRTHPLACE (city or town)

Balto Co

(State or country)

MOTHER

15. MAIDEN NAME

Celia Payne

16. BIRTHPLACE (city or town)

Balto Co

(State or country)

17. INFORMANT

Arthur Gray

(Address)

Restertown Md

18. BURIAL, CREMATION, OR REMOVAL

Place Mount Pleasant Date Dec 29, 1937

19. UNDERTAKER

J. F. Cline & Sons

(Address)

Restertown Md

20. FILED

Dec 30, 1937

J. Rowe Price

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Dec

28

1937

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY. That I attended deceased from

Dec 28, 1937, to Dec 28, 1937.

I last saw him alive on Dec 28, 1937; death is said

to have occurred on the date stated above, at 6 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Infant.  
Respiratory Failure

Date of onset

12-28-37

Other Contributory Causes of Importance:

Name of operation

None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? no Date of Injury no, 1937

Where did injury occur? None

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

no

(Signed)

D. D. Caples

M. D.

(Address) Restertown, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12700

## 1. PLACE OF DEATH

County

Baltimore County

(59)

Registration Dist. No.

41

Village or City

Dundalk

No.

St.

Ward

Length of residence in city or town where death occurred

74

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

Jessie Mackay GRUND

(a) Residence: No.

59 Northship Rd

St.

Ward.

(Usual place of abode)

Dundack Md.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Otto Grund

6. DATE OF BIRTH (month, day, and year)

July 30 - 1870

7. AGE

Years

Months

Days

If LESS than

67

5

15

1 day, \_\_\_\_\_ hrs.

or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.

self

10. Data deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Scotland

(State or country)

FATHER

13. NAME

Peter Mackay

14. BIRTHPLACE (city or town)

Scotland

(State or country)

MOTHER

15. MAIDEN NAME

Margaret DUNN

16. BIRTHPLACE (city or town)

Scotland

(State or country)

17. INFORMANT

Mrs. Lola Dols

(Address)

16 1/2 Selma Ave.

18. BURIAL, CREMATION, OR REMOVAL

Place

Medunridge Memorial

Date

Dec 17, 1937

19. UNDERTAKER

Roland L. Fertler

(Address)

612 N. Monroe St.

20. FILED

12/15/37

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 15, 1937

(Month)

(Day)

1937 (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Sept 1, 1937

to Dec 15, 1937

I last saw her alive on Nov. 12, 1937; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cerebral hemorrhage  
(apoplexy)

Date of onset

Sept 1, 1937

Other Contributory Causes of Importance:

Diabetes mellitus

1927

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

A. H. Fier

M. D.

(Address)

Dundack Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12706

## 1. PLACE OF DEATH

County BaltimoreVillage or City Reisterstown

Length of residence in city or town where death occurred \_\_\_\_\_ yrs.

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Sarah Hall

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. \_\_\_\_\_

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F.

4. COLOR OR RACE

W.5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Widowed

5a. If married, widowed, or divorced

(or) WIFE of

the late John Hall

6. DATE OF BIRTH (month, day, and year)

July 16 - 1851

7. AGE

Years

86

Months

5

Days

9If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housework9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Ind.

FATHER

13. NAME

James Johnson

14. BIRTHPLACE (city or town)

(State or country)

Ind.

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (city or town)

(State or country)

Unknown

17. INFORMANT

(Address)

Mrs. Lura Denno  
Baldwin Ind.

18. BURIAL, CREMATION, OR REMOVAL

Place

Fork M. E. Cem.

Date

Dec. 27, 1937

19. UNDERTAKER

(Address)

Clarence E. Arthur  
Fork Ind.

20. FILED

Dec 25/37W. M. Hammond

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 24  
(Month) (Day)1937  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

June 11, 1937, to Dec 24, 1937I last saw him alive on Dec 24, 1937; death is saidto have occurred on the date stated above, at 5 a m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Chronic Myocarditis

Date of onset

1936

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Autopsy Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Arthur M. Hammond M. D.(Address) Baldwin

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

RECEIVED  
JAN 17 1938  
BUREAU OF VITAL STATISTICS

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

12701

## 1. PLACE OF DEATH

County Baltimore

Village or City ENDOWOOD SANATORIUM, TOWSON, MD.

Registration Dist. No. X 38

No. 23 St. W. Ward

(If death occurred in a hospital or institution, give its NAME, instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 2 mos. 2 ds. How long in U.S. if of foreign birth? 3 yrs. 2 mos. 2 ds.

## 2. FULL NAME

Elizabeth Margreta Haller

U.S. Veteran specify WAR No.

(a) Residence: No. 4207 Leeds Ave St. Baltimore Co.

Ward.

Baltimore Co.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX

Female

### 4. COLOR OR RACE

White

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

### 6. DATE OF BIRTH (month, day, and year)

December 5, 1893

### 7. AGE

Years

44

Months

—

Days

14

If LESS than 1 day, — hrs. or — min.

### OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Seamstress

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Pajama Factory

10. Date deceased last worked at this occupation (month and year)

October 1937

11. Total time (years) spent in this occupation 22

### 12. BIRTHPLACE (city or town)

(State or country)

Baltimore Maryland.

### FATHER

#### 13. NAME

Theodore Haller

#### 14. BIRTHPLACE (city or town)

(State or country)

Germany

#### 15. MAIDEN NAME

Mary Klein

#### 16. BIRTHPLACE (city or town)

(State or country)

Maryland.

## Personal History--Hospital Record

### 17. INFORMANT

(Address)

Endowood Sanatorium, Towson, Md.

### 18. BURIAL, CREMATION, OR REMOVAL

Place

Leeds Ave

Date

Dec 22/37

### 19. UNDERTAKER

(Address)

W. B. Whippert & Son

### 20. FILED

Dec 22, 1937

A. M. Bacon

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

December 19, 1937

(Month)

(Day)

(Year)

### 22. I HEREBY CERTIFY That I attended deceased from

September 17, 1937, to December 19, 1937

I last saw her alive on December 19, 1937; death is said

to have occurred on the date stated above, at 5:20 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

February 1937

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? X-ray

Was there an autopsy? No.

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

### 24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

W. A. Bridges

M. D.

(Address)

Towson, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

7. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# STATE OF MARYLAND—CERTIFICATE OF DEATH

12702

## 1. PLACE OF DEATH

County Baltimore

Village or City Granite

Registration Dist. No. 31

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME Sarah R. Hamilton

If U. S. Veteran, specify WAR

(a) Residence: No. Granite

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Mar. 23, 1856

7. AGE Years Months Days If LESS than 1 day, hrs. or min. 81 9 28

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. None 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

13. NAME James S. Hamilton

14. BIRTHPLACE (city or town) (State or country) Maryland

15. MAIDEN NAME Ann Slack

16. BIRTHPLACE (city or town) (State or country) Penna.

17. INFORMANT Mrs. Ida F. Jones (Address) Granite, Md.

18. BURIAL, CREMATION, OR REMOVAL St. Pauls Ave. Granite Date Dec. 23, 1937

19. UNOERTAKER (Address) Wm & Martin

20. FILED Dec 22, 1937 Wm & Martin Registrar.

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH

Dec (Month) 21 (Day), 1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July, 1937, to Dec 21, 1937. I test saw him alive on Dec 23, 1937; death is said to have occurred on the date stated above, at 2:47 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of  
Amoebic

Date of onset

Jan 1936

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? X-Ray Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

A. C. Smith M. D.

(Address) 4209 Liberty Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12703

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30  
 Village or City Catonsville, Maryland No. 13C St. 30 Ward 30  
Spring Grove State Hospital If death occurred in a hospital or institution, give its NAME instead of street and number  
 Length of residence in city or town where death occurred 4 yrs. 1 mos. 25 ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

William H. Hammen If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. 1923 Jefferson St. St. \_\_\_\_\_ Ward. \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced  
 HUSBAND of \_\_\_\_\_  
 (or) WIFE of Jenny Rouse Hammen

6. DATE OF BIRTH (month, day, and year) June 22, 1851

7. AGE Years 86 Months 5 Days 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Plumber  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Odd Jobs  
 10. Data deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Baltimore County  
 (State or country)

FATHER 13. NAME Unknown

14. BIRTHPLACE (city or town) Germany  
 (State or country)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Germany  
 (State or country)

17. INFORMANT Hospital Records  
 (Address)

18. BURIAL, CREMATION, OR REMOVAL  
 Place London Park Date 12/4 19 37

19. UNDERTAKER Wm Cook  
 (Address) 1217 St Paul St.

20. FILED 12/7 19 37 Wm Cook  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 7, 193 7  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 11, 19 33 to December 7, 19 37

I last saw him alive on December 6, 19 37; death is said to have occurred on the date stated above, at 1:40 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senility Before 1933  
 Generalized Arteriosclerosis Before 1933  
 Chronic Myocarditis Before 1933

Other Contributory Causes of Importance:

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_  
 (Signed) John F. Hammen M. D.  
 (Address) Catonsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## HEALTH DEPARTMENT—CITY OF BALTIMORE

12704

## CERTIFICATE OF DEATH

46-71

## 1. PLACE OF DEATH

CITY OF BALTIMORE: (No. *Randalltown Md.* Ward)Registered No. *51*

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred *69* yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. *Harrisville Md.* St., Ward.

If U. S. Veteran specify WAR

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. Color or Race *white* 5. Single, Married, Widowed, or Divorced (write the word) *married*5a. If married, widowed, or divorced HUSBAND of (or) WIFE of *Junior Hanley*6. DATE OF BIRTH (month, day, year) *Jan 17 1868*7. AGE Years *69* Months *11* Days *18* If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) *Baltimore Co. Md.* (State or country)13. NAME *Thomas Hanley*14. BIRTHPLACE (city or town) *Ireland* (State or country)15. MAIDEN NAME *Mary Ann Kelley*16. BIRTHPLACE (city or town) *Ireland* (State or country)17. INFORMANT *William J. Hanley* (Address) *Harrisville Md.*

18. BURIAL, CREMATION, OR REMOVAL

Place *Holy Family* Date *Dec 27 1937*19. UNDERTAKER *Frank H. Newell* (Address) *Pikesville Md.*20. FILED *Dec 26 1937* *Wm E. Martin* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) *12/23 1937*22. I HEREBY CERTIFY, That I attended deceased from *Oct*, 1937, to *Dec 23*, 1937.I last saw him alive on *Dec 20*, 1937 Death is said to have occurred on the date stated above, at *1:30 P.M.*

The principal cause of death and related causes of importance were as follows:

*Carcinoma of head of pancreas*

Date of onset

Other contributory causes of importance:

*metastatic Carcinoma of liver & mesenteric glands*Was an operation performed? *Yes* Date of *Nov 16 1937*For what disease or injury? *Carcinoma*Name of operation *Exploratory laparotomy*What test confirmed diagnosis? *Operation* Was there an autopsy? *Yes*

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

*No* If so, specify(Signed) *Wm E. Martin* M. D.(Address) *Randalltown Md.*

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*  
*Chronic interstitial nephritis*  
*Cerebral hemorrhage*

Date of onset

1915  
1921  
July 5, 1927

Other contributory causes of importance:

*Gallstones*

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*  
*Run over by street car*  
*Peritonitis*

Date of onset

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

*Gastritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12705

## 1. PLACE OF DEATH

County BaltimoreVillage or City RelayLength of residence in city or town where death occurred 30 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.Registration Dist. No. 42No. 112 Rolling Road St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME James Harrison

If U. S. Veteran, specify WAR

(a) Residence: No. 112 Rolling Road

St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED ( <i>write the word</i> )<br><u>Widowed</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of Ann Harrison  
~~WIFE of~~

6. DATE OF BIRTH (month, day, and year) December 2nd 1845

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years     | Months   | Days      | If LESS than<br>1 day, ----- hrs.<br>or ----- min. |
|        | <u>92</u> | <u>0</u> | <u>22</u> |  |

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. Self

10. Date deceased last worked at  
this occupation (month end  
year) -- 11. Total time (years)  
spent in this occupation --

12. BIRTHPLACE (city or town) England  
(State or country)13. NAME James Harrison14. BIRTHPLACE (city or town) England  
(State or country)15. MAIDEN NAME Ann Morris16. BIRTHPLACE (city or town) England  
(State or country)17. INFORMANT Mrs Mary Linney  
(Address) 112 Rolling Road-Relay18. BURIAL, CREMATION OR REINTERMENT  
Place Loudon Park Date Dec 27th, 193719. UNDERTAKER Wm J. Lickner & Sons  
(Address) North Park Road Ind20. FILED Dec 27 37 Mr. M. L. Lickner  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 24th 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

December 24, 1937I last saw him alive on Dec 20th, 1937; death is said

to have occurred on the date stated above, at ----- m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Bronchitis asthmatic  
Emphysema and bronchodilation

Date of onset

Many years

## Other Contributory Causes of Importance:

General arteriosclerosis7 yearsName of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? ✓

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 1937Where did injury occur? ✓

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) T. L. Lickner & Sons M. D.(Address) Relay - Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Dr Bietler

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12707

## 1. PLACE OF DEATH

County BALTIMORE  
 Village or City HALETHORPE

Registration Dist. No. 42 St. 42 Ward 42  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME EMMA FRANCOIS HOUCK

(a) Residence: No. HALETHORPE MD St. MD Ward. MD  
 (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5a. If married, widowed, or divorced  
HUSBAND of LESSE HENRY HOUCK  
 (or) WIFE of

6. DATE OF BIRTH (month, day, and year) AUG 16 1869

7. AGE Years 68 Months 3 Days 21 If LESS than 1 day hrs. min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. HOUSEWIFE  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. HOME  
 10. Date deceased last worked at this occupation (month and year) NOV 1937 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) GRAT'S  
 (State or country) BALTIMORE COUNTY

13. NAME JAMES U. MASON

14. BIRTHPLACE (city or town) BALTIMORE  
 (State or country) MARYLAND

15. MAIDEN NAME CATHERINE McCULLOUGH

16. BIRTHPLACE (city or town) MARYLAND  
 (State or country)

17. INFORMANT LESSE H. HOUCK  
 (Address) HALETHORPE MD

18. BURIAL, CREMATION, OR REMOVAL  
 Place Landon Park Date Dec 9 1937

19. UNOBTAKER Joseph Kosinskius Inc.  
 (Address) 602 Wash Blvd

20. FILE Jan 7 1937 Ch Kiffer Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

DECEMBER 6 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from NOV 26 1936, to DEC 6 1937

I last saw her alive on DEC 4 1937; death is said to have occurred on the date stated above, at 4 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

ARTERIO-SCLEROSIS  
CHRONIC NEPHRITIS  
UPPER RESPIRATORY INFECTION

Date of onset

?  
1936  
11-28-37

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? EXAM Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify \_\_\_\_\_

(Signed) Edward J. Mean M. D.

(Address) 682 Washington Blvd Bkto, MD

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12708

## 1. PLACE OF DEATH

County BaltimoreVillage or City Middle RiverNo. Orems RoadRegistration Dist. No. 44

St. \_\_\_\_\_ Ward \_\_\_\_\_

Length of residence in city or town where death occurred life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

2. FULL NAME John A. Hughes

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Orems Rd., Middle River

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofNannie M. Hughes6. DATE OF BIRTH (month, day, and year) Oct. 22, 1858

|        |           |          |          |   |
|--------|-----------|----------|----------|---|
| 7. AGE | Years     | Months   | Days     | If LESS than<br>1 day, _____<br>or _____ min. |
|        | <u>79</u> | <u>2</u> | <u>4</u> |   |

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Postmaster

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) Dec. 193211. Total time (years) spent in this occupation 2012. BIRTHPLACE (city or town) Balto. Co., Md.  
(State or country)13. NAME John A. Hughes14. BIRTHPLACE (city or town) Unknown  
(State or country)15. MAIDEN NAME Eliza Sutton16. BIRTHPLACE (city or town) Unknown  
(State or country)17. INFORMANT Mrs. Hughes  
(Address) Middle River, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Orem M.E. Cem. Date Dec. 29, 193719. UNDERTAKER Fredrick L. Lashley  
(Address) 7401 Belair Road20. FILED 12/28, 1937 John S. Connolly  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 26th, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec. 1, 1937, to Dec. 26, 1937I last saw him alive on Dec. 26, 1937; death is saidto have occurred on the date stated above, at 12:40 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary ThrombosisDate of onset  
Dec. 1937

Other Contributory Causes of Importance:

Chronic nephritis and Hypertension 8 yrs.Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Harry Ashman M. D.(Address) 1921 W. North Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12709

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 32  
 Village or City Pikesville No. Stevenson Road St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary Theodosia Hurst

If U. S. Veteran, specify WAR

(a) Residence: No. Pikesville, Md.St. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED ( <i>write the word</i> )<br><u>Single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of   |                                  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Sept. 25, 1859</u>   |                                  |   |
| 7. AGE<br><u>78</u>   | Years<br><u>2</u>                | Months<br><u>25</u>   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. <u>None</u> |                                  | 11. Total time (years) spent in this occupation                                     |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                      |                                  |   |
| 10. Date deceased last worked at this occupation (month and year)                                       |                                  |   |

12. BIRTHPLACE (city or town) Charlestown  
 (State or country) Virginia

13. NAME John W. Hurst

14. BIRTHPLACE (city or town) Virginia  
 (State or country)

15. MAIDEN NAME Mary Daniel

16. BIRTHPLACE (city or town) Virginia  
 (State or country)

17. INFORMANT Mr. Charles J. Moore  
 (Address) Pikesville, Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Charlestown W. Virginia Date Dec 23, 1937

19. UNDERTAKER William Book  
 (Address) 1217 St Paul St

20. FILED 12/21, 1937 E. E. Nichols  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 20th, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 17th, 1937, to December 20th, 1937

I last saw her alive on December 19th, 1937; death is said to have occurred on the date stated above, at 11.15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of stomach and liver

Date of onset

?

Other Contributory Causes of Importance:

Carcinoma of left breast About 4 yrs.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) E. E. Nichols M. D.

(Address) Pikesville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12710

## 1. PLACE OF DEATH

County

Village or City

Registration Dist. No. 31

No. 2116

Gwyn Oak Lane St. Ward

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

If U. S. Veteran, specify WAR

(a) Residence: No. 2116

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Marion R. Iglehart

6. DATE OF BIRTH (month, day, and year)

Jan 5/1871

7. AGE

Years

Months

Days

If LESS than  
1 day, hrs.  
or min.

66

11

7

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

Baltimore Md

MOTHER FATHER

13. NAME

Unknown

14. BIRTHPLACE (city or town)  
(State or country)

Unknown

15. MAIDEN NAME

Louise Richman

16. BIRTHPLACE (city or town)  
(State or country)

Germany

17. INFORMANT  
(Address)Marion R. Iglehart  
2116 Gwyn Oak Lane18. BURIAL, CREMATION, OR REMOVAL  
Place

Woodlawn Cem. Date Dec 14, 1937

19. UNDERTAKER  
(Address)Harry H. Annacost  
4204 Ridgely Ave

20. FILED

Dec 12, 1937 Wm E Martin

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 12, 1937

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 7, 1937, to Dec. 12, 1937

I last saw him alive on Dec 11, 1937; death is said

to have occurred on the date stated above, at 3 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Broncho pneumonia

Date of onset

Dec 7

1937

Other Contributory Causes of Importance:

Influenza

Dec. 6

1937

Name of operation

None

Date of

What test confirmed diagnosis? phys. findings

Where an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Joshua H. Annacost

M. O.

(Address)

Woodlawn, Maryland

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

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Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12711

## 1. PLACE OF DEATH

County

Balto

Village or City

Owens

Registration Dist. No.

43

No. 6

6 Elm Ave.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

5

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Annie M. Jerome

(a) Residence: No.

6 Elm Ave.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced

(or) WIFE of

Chancery Jerome

6. DATE OF BIRTH (month, day, and year)

9-19-1854

7. AGE

Years

83

Months

5

Days

7

If LESS than

1 day, ..... hrs.

or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

(State or country)

FATHER

13. NAME

Jacob Jerome

14. BIRTHPLACE (city or town)

(State or country)

MOTHER

15. MAIDEN NAME

Rachel Jerome

16. BIRTHPLACE (city or town)

(State or country)

17. INFORMANT

(Address)

Mrs. Harry Watson

18. BURIAL, CREMATION, OR REMOVAL

Place

Cramont

Date

Dec 29, 1937

19. UNDERTAKER

(Address)

John A. Moran

20. FILED

12/22, 1937 J. A. Finty M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

12

(Month)

26

(Day)

1937

(Year)

22. I HEREBY CERTIFY That I attended deceased from

19

to

Dec 26, 1937

I last saw him alive on Dec 26, 1937; death is said

to have occurred on the date stated above, at 11 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

arteriosclerosis  
hypertension  
myocardial infarction

Other Contributory Causes of Importance:

bronchopneumonia

Date of onset

1930

Dec 20, 1937

Name of operation

Date of

What test confirmed diagnosis? Specimen Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Edw. H. Benson M.D.  
144 Owens Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12712

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 38  
 Village or City Lutherville No. Barbours Ave St.  Ward   
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred ? yrs.  mos.  ds. How long in U.S. if of foreign birth?  yrs.  mos.  ds.

## 2. FULL NAME

Maggie Johnson U.S. Veteran specify WAR  
 (a) Residence: No. Barbours Ave St.  Ward.   
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                    |   |
|---|------------------------------------|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>Colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widowed</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>unknown</u>                          |                                    |   |
| 6. DATE OF BIRTH (month, day, and year) <u>?</u> <u>1852</u>  |                                    |   |
| 7. AGE<br><u>85</u>   | Years                              | Months Days If LESS than 1 day, <u></u> hrs. or <u></u> min.                |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |                                    | 11. Total time (years) spent in this occupation                             |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                      |                                    |   |
| 10. Date deceased last worked at this occupation (month and year)                                       |                                    |   |

12. BIRTHPLACE (city or town) Maryland  
 (State or country)

13. NAME

14. BIRTHPLACE (city or town) unknown  
 (State or country)

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown  
 (State or country)

17. INFORMANT Mrs. F. Adams  
 (Address) Lutherville Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Pleasant Rest Date Dec. 24, 1937

19. UNDERTAKER Mrs. Geo. H. Johnson  
 (Address) 1631 Ruggs Ave

20. FILED Dec. 23, 1937  
Deputy Local Registrar

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Dec 22, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1937 to Dec 21, 1937  
 I last saw her alive on Dec 21, 1937; death is said

to have occurred on the date stated above, at 4:00 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cardiac decompensation  
Hypertension  
arterio sclerosis, general

Date of onset

12-5-37  
unknown  
unknown

Other Contributory Causes of Importance:

Name of operation none Date of

What last confirmed diagnosis?  Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify Bennett A. Stearn M. D.

(Signed) Bennett A. Stearn  
 (Address) Lutherville, Md

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

Date of onset

1915  
1921  
July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy  
Run over by street car  
Peritonitis

Date of onset

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



## HEALTH DEPARTMENT—CITY OF BALTIMORE

12713

## CERTIFICATE OF DEATH

108

## 1. PLACE OF DEATH

Groans, md

Registered No. 38

CITY OF BALTIMORE: (No. 409 Schwartz Ave St. 12- Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Yvettta Marine Johnson

If U. S. Veteran

specify WAR

(a) Residence: No. 409 Schwartz Ave St., Ward.

(Usual place of abode)

(If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

|                  |                              |  |
|------------------|------------------------------|--|
| 3. SEX<br>female | 4. Color or Race<br>Coloured | 5. Single, Married, Widowed, or Divorced (write the word)<br>married |
|------------------|------------------------------|--|

|  |
|--|
| 6a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of<br>Isaiah Johnson |
|--|

6. DATE OF BIRTH (month, day, year) Jan 25/88

|              |       |        |      |  |
|--------------|-------|--------|------|--|
| 7. AGE<br>49 | Years | Months | Days | If LESS than<br>1 day, hrs.<br>or min. |
|--------------|-------|--------|------|--|

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br>Housewife |
|            | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br>0031               |
|            | 10. Date deceased last worked at this occupation (month and year)  |

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore  
(State or country) md

13. NAME Isaiah Johnson

14. BIRTHPLACE (city or town) Baltimore  
(State or country) md

15. MAIDEN NAME Merwine Parker

16. BIRTHPLACE (city or town) Balto  
(State or country) md17. INFORMANT Isaiah Johnson  
(Address) 409 Schwartz Ave

## 18. BURIAL, CREMATION, OR REMOVAL

Place Arbutus Memorial Date Dec 30, 1937

19. UNDERTAKER Mrs Katie P. Williams  
(Address) 322 N Schroeder St

FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 27, 1937

22. I HEREBY CERTIFY That I attended deceased from Dec. 18, 1937 to Dec. 27, 1937

I last saw him alive on Dec. 27, 1937 Death is said to have occurred on the date stated above, at 6:15 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Dec 27, 1937

Other contributory causes of importance:

Was an operation performed? no Date of

For what disease or injury?

Name of operation Date of

What test confirmed diagnosis? What was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Louis C. Johnson M. D.

(Address) 2529 Beaufort

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

DEC 30 1937

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school or at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12714

## 1. PLACE OF DEATH

County BaltimoreVillage or City OellaLength of residence in city or town where death occurred 20 yrs.No. Oella Ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Full Name Sarah Elizabeth Jones If U. S. Veteran, specify WAR \_\_\_\_\_(a) Residence: No. Oella Ave St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)

FATHER

13. NAME

14. BIRTHPLACE (city or town)  
(State or country)

MOTHER

15. MARRIAGE NAME

16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Oella Cem Date Dec 31, 193119. UNDERTAKER  
(Address)

20. FILED

12/31, 1931

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec. 29, 1931  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from

Dec, 1931, to Dec 29, 1931I last saw him alive on Dec 28, 1931; death is saidto have occurred on the date stated above, at 10:11 A. m.THE PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Apoplexy  
Cerebral hemorrhage

Date of onset

?Dec 23/31

Other Contributory Causes of importance:

Senile DementiaNov 30/31

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1931

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Frank O Miller M. D.(Address) Oella Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. P. WRITE MAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12715

## 1. PLACE OF DEATH

County BaltimoreRegistration Dist. No. 30Village or City CatonsvilleNo. Spring Grove State Hosp. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. 2 mos. 13 ds. How long in U.S. if of foreign birth? 23 yrs. ? mos. ? ds.

## 2. FULL NAME

George Kassimus

If U. S. Veteran, specify WAR

(a) Residence: No. none knownSt. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>male</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of -6. DATE OF BIRTH (month, day, and year) April 23, 1886

|                     |       |                    |                   |  |
|---------------------|-------|--------------------|-------------------|--|
| 7. AGE<br><u>51</u> | Years | Months<br><u>7</u> | Days<br><u>14</u> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|---------------------|-------|--------------------|-------------------|--|

|                         |  |
|-------------------------|--|
| OCCUPATION<br><u>60</u> | 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. <u>steward, cook</u> |
|                         | 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc. <u>shipping companies</u>     |
|                         | 10. Date deceased last worked at<br>this occupation (month and<br>year) <u>7, 1929</u>                                 |
|                         | 11. Total time (years)<br>spent in this<br>occupation <u>life</u>  |

12. BIRTHPLACE (city or town) Greece  
(State or country)13. NAME unknown14. BIRTHPLACE (city or town) Greece  
(State or country)15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) Greece  
(State or country)17. INFORMANT Hospital records  
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place Spring Grove State Hosp. Date 17/8. 193719. UNDERTAKER Spring Grove State Hospital  
(Address)20. FILED 17/8 19 27 W. H. Indiana  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 7 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
September 24, 1929 to December 7, 1937I last saw him alive on Dec. 7, 1937; death is said  
to have occurred on the date stated above, at 1 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:General Paralysis bef. 1929

Date of onset

Other Contributory Causes of importance:

Name of operation none Date ofWhat test confirmed diagnosis? clinical and anatomical Was there an autopsy? Yes23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Silas M. Wellman M. O.(Address) Spring Grove State Hospital



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Date of onset

1915

1921

July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Date of onset

1 week ago

1 week ago

3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12716

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Lansdowne

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Baby Girl Keister Shirley L. Keister

(a) Residence: No.

220 Hazel Ave

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

Dec 5 - 1937

7. AGE

Years

Months

Days

If LESS than  
1 day, ..... hrs.  
or ..... min.

0

0

4

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Lansdowne

(State or country)

FATHER

13. NAME

Edward C. Keister

14. BIRTHPLACE (city or town)

Washington

(State or country)

MOTHER

15. MAIDEN NAME

Pearl N. Poole

16. BIRTHPLACE (city or town)

Carroll County

(State or country)

17. INFORMANT

Edward C. Keister

(Address)

220 Hazel Ave

18. BURIAL, CREMATION, OR REMOVAL

Place

Mt Airy Md

Date

Dec 11, 1937

19. UNDERTAKER

(Address)

Rolt Cr B.M. Walter  
Pratt Truck Co

20. FILED

Date

1937

Shirley L. Keiffer

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

DECEMBER

9

1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from

DEC 5

1937

to DEC 9

1937

I last saw her alive on DEC 9, 1937; death is said

to have occurred on the date stated above, at 4:45 PM.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

CONGENITAL HEART MALFORMATION

12-5-37

CONGENITAL ATROPHY (Lungs)

12-5-37

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis? EXAM

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Edward F. Miller

M. D.

(Address) 608 W. HINSON BLVD

MARGIN RESERVED FOR BINDING

V.S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12717

## 1. PLACE OF DEATH

County

Baltimore

Registration Dist. No.

30Village or City Catonsville, Spring Grove State No.

St.

Ward

Hospital

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

2 yrs.1 mos.11 ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

James H. Kelly

If U. S. Veteran, specify WAR

(a) Residence: No. 120 Pershing Avenue, Colmer St. Ward.

(Usual place of abode)

Manor

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)  
Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMary Gertrude Reeves

6. DATE OF BIRTH (month, day, and year)

Unknown

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.73 ???

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Iron Worker9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Odd jobs10. Date deceased last worked at  
this occupation (month and  
year)192911. Total time (years)  
spent in this  
occupationLife

12. BIRTHPLACE (city or town)

Washington D.C.

(State or country)

MOTHER / FATHER

13. NAME

James Kelly14. BIRTHPLACE (city or town)  
(State or country)Unknown

15. MAIDEN NAME

Unknown16. BIRTHPLACE (city or town)  
(State or country)Unknown

17. INFORMANT

Bernard H. Morningstar

(Address)

120 Pershing Avenue, Colmer

18. BURIAL, CREMATION, OR REMOVAL

Place

Washington, D.C.

Date

12/8

1937

19. UNDERTAKER

(Address)

Wm. H. Sardo & Co.  
412-H St. N.E.

20. FILED

Dec 8

1937

Marshall B. West

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 8,

(Month)

(Day)

1937

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

October 28, 1937, to December 8, 1937.I last saw him alive on December 7, 1937; death is saidto have occurred on the date stated above, at 12:20 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:

Date of onset

SenilityBefore 1937Generalized arteriosclerosis Before 1937Arteriosclerotic heart disease Before 1937

Other Contributory Causes of Importance:

Chronic alcoholismBefore 1937Name of operation None

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? No

Date of Injury

19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

John J. Runkel M. D.  
Catonsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

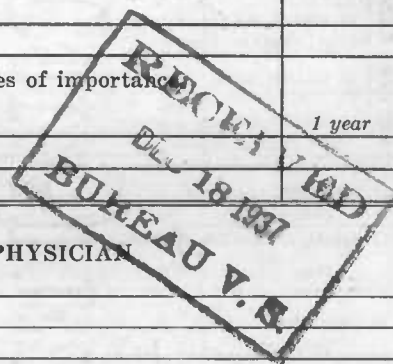
**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

**Example II**

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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MARGIN RESERVED FOR BINDING

V. S. No. 1

N. H. WHITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12718

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 35  
 Village or City Heurford No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Augusta Spina Kennedy If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. Sutherland St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |   |
|--|---|---|
| 3. SEX<br><u>F</u>   | 4. COLOR OR RACE<br><u>Italian</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5e. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Stanley Kennedy</u> |   |   |
| 6. DATE OF BIRTH (month, day, end year) <u>Oct 17, 1921</u>                            |   |   |
| 7. AGE<br>Years <u>16</u><br>Months <u>1</u><br>Days <u>17</u>                         | If LESS than 1 day, _____ hrs. or _____ min.  |   |
| OCCUPATION<br><input checked="" type="checkbox"/>                                      | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Housewife</u> |   |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                              |   |
| 10. Date deceased last worked at this occupation (month end year)                      |   | 11. Total time (years) spent in this occupation                             |

12. BIRTHPLACE (city or town) Whitthall  
 (State or country) Maryland

13. NAME Rocco Spina  
 14. BIRTHPLACE (city or town) Italy  
 (State or country)

15. MAIDEN NAME Mimi Mace  
 16. BIRTHPLACE (city or town) Italy  
 (State or country)

17. INFORMANT Rocco Spina  
 (Address) Whitthall, Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Texas Date Dec. 7, 1937

19. UNDERTAKER Wm. C. Beale & Son  
 (Address) Spina

20. FILED Dec 6, 1937 M. Boston M. C.  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec 4 1937  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

Fracture Skull

Auto accident

Other Contributory Causes of importence:

Date of onset

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? on Heurford, Baltimore County, Md.  
 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

in public place on York Road

Manner of injury Auto accident

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify John J. M. & S.

(Signed) Bey. B. M. M. M. M. D.

(Address) Heurford, Coroner

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12719

## 1. PLACE OF DEATH

County BaltimoreVillage or City RelayRegistration Dist. No. 42

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs.

mos.

ds.

How long in U.S. if of foreign birth?        yrs.        mos.        ds.2. FULL NAME Virginia Clema Knode H. U.S. Veteran specify WAR(a) Residence: No. 1 Diaduct Ave

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Widowed

## 5a. If married, widowed, or divorced

HUSBAND  
(or) WIFE ofJohn Landis Knode

## 6. DATE OF BIRTH (month, day, and year)

Dec 27 1853

## 7. AGE

Years

Months

Days

If LESS than

831171 day,        hrs.  
or        min.

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Seamstress9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.none10. Date deceased last worked at  
this occupation (month and  
year) 192311. Total time (years)  
spent in this  
occupation       

## 12. BIRTHPLACE (city or town)

(State or country)

Williamsport  
md.

## 13. NAME

Jonathan Spielman

## FATHER

14. BIRTHPLACE (city or town)

(State or country)

Hagerstown  
md.

## MOTHER

15. MAIDEN NAME

Bomberger

16. BIRTHPLACE (city or town)

(State or country)

Baltimore  
md.

## 17. INFORMANT

(Address)

Mrs. D. S. Mosner  
Relay md

## 18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Funkstown, md. Dec. 8, 1937

## 19. UNOBTAINED

(Address)

Friedrich C. Cole  
1200 1/2 Lombard St.

## 20. FILE

Date

Dec 7, 1937 W. K. Kieffer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec  
(Month)4  
(Day)1937  
(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Nov 5, 1937 to Dec 4, 1937I last saw        alive on Dec 4, 1937; death is saidto have occurred on the date stated above, at 8:00 a.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Myocardial  
degeneration  
Myocardial infarction

Date of onset

1930

Date of death

Dec 4 1937

## Other Contributory Causes of importance:

General arteriosclerosis  
Senility, Arterial hypertension

Name of operation

none

Date of

What test confirmed diagnosis? HeartWas there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?        Date of injury       , 19      

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

W. K. Kieffer M. D.

(Address)

Elbridge md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE MAINLY IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12720

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44  
 Village or City Long Beach No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Christina Kopskey If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. Long Beach St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|   |                               |   |
|---|-------------------------------|---|
| 3. SEX<br><u>7</u>  | 4. COLOR OR RACE<br><u>W.</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Winford Pete Kopskey</u> |                               |   |
| 6. DATE OF BIRTH (month, day, end year) <u>Sept - 11 - 1882</u>                             |                               |   |
| 7. AGE<br><u>55</u>   | Years<br><u>3</u>             | Months<br><u>3</u>  |
|   | Days<br><u>3</u>              | If LESS than<br>1 day, _____ hrs.<br>or _____ min.                          |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. |                               | 11. Total time (years) spent in this occupation                             |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |                               |   |
| 10. Date deceased last worked at this occupation (month and year)                           |                               |   |

|        |   |
|--------|---|
| MOTHER | 12. BIRTHPLACE (city or town) (State or country) <u>Germany</u> |
|        | 13. NAME <u>Joseph Frazier</u>                                  |
|        | 14. BIRTHPLACE (city or town) (State or country) <u>Germany</u> |
|        | 15. MAIDEN NAME <u>Unknown</u>                                  |
| FATHER | 16. BIRTHPLACE (city or town) (State or country) <u>"</u>       |

|   |
|---|
| 17. INFORMANT <u>Mr. Winford Pete Kopskey</u><br>(Address) <u>Long Beach, Ind.</u>                  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>St. Ann's Church</u> Date <u>12/10</u> , 19 <u>37</u> |
| 19. UNOERTAKER <u>John B. Connolly</u><br>(Address) <u>Essex, Ind.</u>                              |
| 20. FILED <u>12/10</u> , 19 <u>37</u> <u>John B. Connolly</u><br>Registrar                          |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 14, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ elive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Acute Cardiac Failure  
Primary Cause: Unknown.  
No more obtainable cause.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Joseph F. Connolly M. O.  
 (Address) Baltimore, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12721

## 1. PLACE OF DEATH

County BaltimoreVillage or City Mount Wilson
 Registration Dist. No. 32  
 Mt. Wilson Branch, Md.  
 No. Tuberculosis Sanatorium St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

 Length of residence in city or town where death occurred 0 yrs. 2 mos. 21 ds. How long in U.S. If of foreign birth?      yrs.      mos.      ds.
2. FULL NAME James C. KoonsIf U. S. Veteran, specify WAR World War
 (a) Residence: No. 505 Chestnut Hill Ave., St. Ward Baltimore, Md.  
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Married

 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs. Jessie Koons
6. DATE OF BIRTH (month, day, and year) August 17, 1895
 7. AGE Years 42 Months 4 Days 3 If LESS than 1 day, ----- hrs. or ----- min.

 OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Assistant Treasurer  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Bank  
 10. Date deceased last worked at this occupation (month and year) Oct. 1936 11. Total time (years) spent in this occupation Unknown

 12. BIRTHPLACE (city or town) Taneytown,  
 (State or country) Maryland.
13. NAME Milton A. Koons,
 14. BIRTHPLACE (city or town) Keymar,  
 (State or country) Maryland
15. MAIDEN NAME Iva May Weant,
 16. BIRTHPLACE (city or town) Detour,  
 (State or country) Maryland.

 17. INFORMANT Eleanor Pearson,  
 (Address) Mt. Wilson, Md.

 18. BURIAL, CREMATION, OR REMOVAL  
 Place Laurels Cem. Date Dec 23, 1937

 19. UNDERTAKER Wm. J. Ticker & Sons.  
 (Address) Mount Wilson Ave. Balt. Md.

 20. FILED Dec 20, 1937 J. Frank Speeding  
 Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 20, 1937  
 (Month) (Day) (Year)

 22. I HEREBY CERTIFY, That I attended deceased from September 29, 1937, to December 20, 1937.

 I last saw him alive on December 20, 1937; death is said to have occurred on the date stated above, at 3.45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis
 Date of onset  
Dec.  
1936

Other Contributory Causes of Importance:

Chronic Endocarditis Unknown  
Chronic Myocarditis "
Artificial Pneumo- 11/11 to  
 Name of operation thorax Date of 12/20/37

 What test confirmed diagnosis? X-ray, and Was there an autopsy? No  
tubercle bacilli were found in sputum

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?      Date of injury     , 19    Where did injury occur?     

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Specify city or town, county and State)

Manner of injury     Nature of injury     24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify John A. Smith M. D.  
 (Signed) Mt. Wilson, Md.  
 (Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE MAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12722

## 1. PLACE OF DEATH

County BaltimoreVillage or City Rosedale

No.

Registration Dist. No. 44

St.

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth? 40 yrs. mos. ds.2. FULL NAME Michael A. Kozlowski(a) Residence: No. Horst Rd, E. Of Mc Cormick Ave Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

XXXXXMaryanna Kozlowski6. DATE OF BIRTH (month, day, and year) Unknown 1865 ?

7. AGE

Years

Months

Days

If LESS than

1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.62

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland  
(State or country)

FATHER

13. NAME Andrew Kozlowski14. BIRTHPLACE (city or town) Poland  
(State or country)

MOTHER

15. MAIDEN NAME Katherine ?16. BIRTHPLACE (city or town) Poland  
(State or country)17. INFORMANT Mrs. Maryanna Kozlowski  
(Address) Horst Rd, Rosedale, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place St. Stanislaus Date Dec. 27th, 1937

19. UNDERTAKER

(Address) 705 S. ...

20. FILED

Dec 27, 1937

1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec  
(Month)22nd  
(Day)1937  
(Year)

22. I HEREBY CERTIFY That I attended deceased from

July 1, 1937, to Dec 22, 1937

I last saw him alive on Dec 22, 1937; death is said

to have occurred on the date stated above, at 11:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

were as follows:

Chronic valvular heart  
disease

Date of onset

Aug 1, 37

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Address) William H. ... M. D.(Address) 801 ...

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## STATE OF MARYLAND—CERTIFICATE OF DEATH

12723

## 1. PLACE OF DEATH

County

Village or City

No.

Registration Dist. No.

30

St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

1 yrs.

4 mos.

0 ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

(a) Residence: No.

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)

Unmarried

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Thomas E. Lee

6. DATE OF BIRTH (month, day, and year)

Feb 20 - 1861

7. AGE

Years

Months

Days

If LESS than

26

9

20

1 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year)

1935

11. Total time (years)  
spent in this  
occupation

Life

12. BIRTHPLACE (city or town)

(State or country)

Baltimore Co. Ind.

FATHER

13. NAME

John W. Oler

14. BIRTHPLACE (city or town)

(State or country)

Baltimore Co  
Ind.

MOTHER

15. MAIDEN NAME

Sarah Ann Bailey

16. BIRTHPLACE (city or town)

(State or country)

Baltimore Co  
Ind.

17. INFORMANT

(Address)

Richard C. Oler

18. BURIAL, CREMATION, OR REMOVAL

Place

Usual Ridge

Date

Dec 17, 1937

19. UNOERTAKER

(Address)

M. J. Siffer

20. FILE NO.

Dec 15, 1937

Marshall B West

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec

13

1937

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Jan 20, 1936, to Dec 15, 1937

I last saw him alive on Dec 15, 1937; death is said

to have occurred on the data stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Cerebral Hemorrhage

Acute Myocarditis duration: two  
weeks, 1937

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation

Date of

What last confirmed diagnosis?

Physical

Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicidal?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

Marshall B West

M. O.

(Address)

Catonsville Ind

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., *heart failure*, *asphyxia*, *asthenia*, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

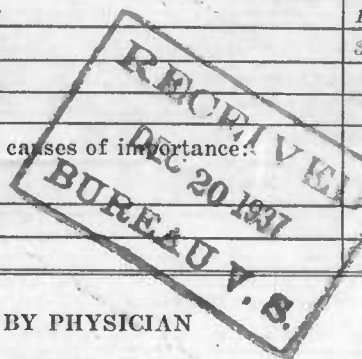
Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. 6.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12734

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 44  
 Village or City Sparrow Pt. Bldg. Balto Md No. BC St. 44 Ward 44  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred        yrs.        mos.        ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.

2. FULL NAME Vernon R. Lilley

(a) Residence: No. 424 S. Mason St. Balto Md St.        Ward.         
 (Usual place of abode) If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |   |   |
|--|---|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Margie Lilley</u> |   |   |
| 6. DATE OF BIRTH (month, day, and year)<br><u>31</u> <u>9</u> <u>1906</u>            |   |   |
| 7. AGE<br><u>31</u>  | Years   | Months  |
|  | Days  | If LESS than 1 day, <u>      </u> hrs. or <u>      </u> min.                |
| OCCUPATION<br><u>31</u>  | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Cat Driver</u> |   |
|  | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>      </u>              |   |
|  | 10. Date deceased last worked at this occupation (month and year) <u>12/3/37</u>                              |   |
| 11. Total time (years) spent in this occupation <u>6 mo</u>                          |   |   |

12. BIRTHPLACE (city or town)  
(State or country)

|        |   |
|--------|---|
| FATHER | 13. NAME <u>Refus Lilley</u>                                  |
|        | 14. BIRTHPLACE (city or town)<br>(State or country) <u>Va</u> |
| MOTHER | 15. MAIDEN NAME <u>Maggie Russell</u>                         |
|        | 16. BIRTHPLACE (city or town)<br>(State or country) <u>Va</u> |

17. INFORMANT Margie Lilley  
(Address) 607 E. High St.

18. BURIAL, CREMATION, OR REMOVAL  
Place Moreland Park Date 12/16, 1937

19. UNDERTAKER Richard F. Currey  
(Address) 700 E. North St. Balto Md

20. FILED Dec. 4, 1937 J. S. Connolly  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 3, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from       , 19      , to       , 19      .

I last saw h        alive on       , 19      ; death is said to have occurred on the date stated above, at        m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carbon Monoxide Poisoning  
into exhaust gas

Other Contributory Causes of importance:

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? suicide Date of injury 12/3, 1937  
Where did injury occur?        (Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify         
(Signed) Howard A. Foulke, Acting Coroner M. D.  
(Address) Sparrow Pt. Bldg. Balto Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Date of onset

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12725

## 1. PLACE OF DEATH

County BaltimoreRegistration Dist. No. 30Village or City CatonvilleNo. Obit 2 Home Catonsville Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Gottlieb C. LottererIf U. S. Veteran, specify WAR no(a) Residence: No. 818 N. GaySt.  Ward. 

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Elizabeth C. Lotterer</u>             |                                  |   |
| 6. DATE OF BIRTH (month, day, end year) <u>May 10 - 1861</u>   |                                  |   |
| 7. AGE<br>Years <u>76</u>  | Months <u>7</u>                  | Days <u>13</u>  |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Prop.</u> |                                  | 11. Total time (years) spent in this occupation <u>Life</u>                 |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Stationery</u>     |                                  |   |
| 10. Date deceased last worked at this occupation (month and year) <u>1929</u>                            |                                  |   |

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Maryland

13. NAME Chas. C. Lotterer  
14. BIRTHPLACE (city or town) Germany  
(State or country)

15. MAIDEN NAME Unknown  
16. BIRTHPLACE (city or town) Germany  
(State or country)

17. INFORMANT M. Victor Lotterer  
(Address) 239 S. Hillard St.

18. BURIAL, CREMATION, OR REMOVAL  
Place Baltimore, Md. Date Dec. 27, 1937

19. UNDERTAKER Chas. B. Sheppard & Son  
(Address) 300 E. Fair Place

20. FILED Dec. 26, 1937 Marshall B. West  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 23, 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY, That I attended deceased from

May, 1934, to Dec. 23, 1937

I last saw him alive on Dec. 14, 1937; death is said

to have occurred on the date stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis  
Cerebral Hemorrhage  
arterio sclerosis

Date of onset

1 hr.7 amWed.

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Chemical Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Marshall B. West M. D.(Address) Catonville, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

1915

Chronic interstitial nephritis

1921

Cerebral hemorrhage

July 5, 1927

*Dr. West. Catonsville Md.*

Other contributory causes of importance:

Gallstones

MAY 4 1928  
May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

Attack of epilepsy

1 week ago

Run over by street car

1 week ago

Peritonitis

3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12726

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30No. Spring Grove St. Hospital St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 1 yrs. 3 mos. 24 ds. How long in U.S. If of foreign birth?        yrs.        mos.        ds.2. FULL NAME Annie Smith MartinIf U. S. Veteran, specify WAR no(a) Residence: No.               St. Ward.(Usual place of abode) Harford Co.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                         |                                  |   |
|-------------------------|----------------------------------|---|
| 3. SEX<br><u>female</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of       6. DATE OF BIRTH (month, day, end year) February 19, 1844

|                     |                    |                     |                  |  |
|---------------------|--------------------|---------------------|------------------|--|
| 7. AGE<br><u>93</u> | Years<br><u>93</u> | Months<br><u>10</u> | Days<br><u>9</u> | If LESS than<br>1 day, <u>      </u> hrs.<br>or <u>      </u> min. |
|---------------------|--------------------|---------------------|------------------|--|

|            |  |
|------------|--|
| OCCUPATION | 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. <u>housework</u> |
|            | 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc. <u>home</u>               |
|            | 10. Date deceased last worked at<br>this occupation (month and<br>year) <u>      </u> <u>1934</u>                  |
|            | 11. Total time (years)<br>spent in this<br>occupation <u>life</u>  |

12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME Robert Martin14. BIRTHPLACE (city or town) unknown  
(State or country) ind15. MAIDEN NAME Susan McComas16. BIRTHPLACE (city or town) unknown Harford Co.  
(State or country) ind17. INFORMANT Mrs. Charles K. Childress, cousin  
(Address) 4024 Hickory Ave., Balto.18. BURIAL, CREMATION, OR REMOVAL  
Place Bethel Cem Date Dec 30, 193719. UNDERTAKER         
(Address)       20. FILED Dec 28, 1937 Marshall B West  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 28, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
September 3, 1936, to Dec. 28, 1937.I last saw h. ar alive on Dec. 28, 1937; death is said  
to have occurred on the date stated above, at 1:30 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:

|  |           |
|--|-----------|
| Arteriosclerotic heart disease<br>(coronary sclerosis) | bef. 1936 |
| Generalized arteriosclerosis                           | " "       |

Other Contributory Causes of Importance:

Senility bef. 1936

|   |                                  |
|---|----------------------------------|
| Name of operation <u>none</u>                                 | Date of <u>      </u>            |
| What test confirmed diagnosis? <u>clinical and anatomical</u> | Was there an autopsy? <u>yes</u> |

23. If death was due to external causes (VIOLENCE) fill in also the following: noAccident, suicide, or homicide?        Date of Injury       , 19      Where did Injury occur?         
(Specify city or town, county and State)  
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of Injury       Nature of Injury       24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed)       (Address) Catonsville ind

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis* JAN 4 1938

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

BUREAU V. S.

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12727

## 1. PLACE OF DEATH

County BaltimoreVillage or City Catonsville ManorNo. Kent Ave - Catonsville Manor St.

Ward

Length of residence in city or town where death occurred 10 yrs. 0 mos. 0 ds. How long in U. S. if of foreign birth? 30 yrs. 0 mos. 0 ds.Registration Dist. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William H. MasutuckIf U. S. Veteran, specify WAR 1(a) Residence: No. Kent Ave Catonsville Manor Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofANNA R. MASUTUCK6. DATE OF BIRTH (month, day, and year) Dec. 27, 18617. AGE Years 75 Months - Days 21 If LESS than 1 day, 0 hrs. or 0 min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Hair Factory10. Date deceased last worked at this occupation (month and year) 193011. Total time (years) spent in this occupation 1512. BIRTHPLACE (city or town) Germany  
(State or country)13. NAME HENRY MASUTUCK14. BIRTHPLACE (city or town) Germany  
(State or country)15. MAIDEN NAME BERTHA BUNCH16. BIRTHPLACE (city or town) Germany  
(State or country)17. INFORMANT Mrs. ANNA R. MASUTUCK  
(Address) Kent Ave. Catonsville Manor

18. BURIAL, CREMATION, OR REMOVAL

Place Western Cem. Date Dec. 20, 193719. UNDERTAKER J. B. Shippert & Son  
(Address) 300 East Ave. Place20. FILED Dec 19, 1937 Marshall B West  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec. 17, 1937

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec. 17, 1937, to Dec. 17, 1937.I last saw him about alive on Dec. 17, 1937; death is saidto have occurred on the date stated above, at 1:30 P. M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

asphyxiation Carbon Monoxide Gas

Date of onset

Dec 17-37

Other Contributory Causes of Importance:

Injury from Exhaust Pipe to inside of Sedan  
Old car  
Carbon Monoxide Gas

Name of operation

Date of

What last confirmed diagnosis? History of Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Suicide Date of Injury Dec 17, 1937Where did Injury occur? his Garage Catonsville Md  
(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Injury from auto exhaust to carNature of injury Carbon Monoxide Gas24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) Marshall B West M. D.(Address) Catonsville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12728

## 1. PLACE OF DEATH

County BaltimoreRegistration Dist. No. 30Village or City CatonsvilleNo. Spring Grove State Hosp. St.        Ward       

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred        yrs. 2 mos. 24 ds. How long in U. S. if of foreign birth?        yrs.        mos.        ds.2. FULL NAME Hannah McCawIf U. S. Veteran, specify WAR       (a) Residence: No. 3300 Warwick AvenueSt.        Ward       Baltimore, Me. (Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                         |                                  |  |
|-------------------------|----------------------------------|--|
| 3. SEX<br><u>female</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>married</u> |
|-------------------------|----------------------------------|--|

5a. If married, widowed, or divorced  
HUSBAND of Thomas D. McCaw  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) June 26, 1865

|                     |                        |                    |                  |  |
|---------------------|------------------------|--------------------|------------------|--|
| 7. AGE<br><u>72</u> | Years<br><u>      </u> | Months<br><u>5</u> | Days<br><u>5</u> | If LESS than<br>1 day, <u>      </u> hrs.<br>or <u>      </u> min. |
|---------------------|------------------------|--------------------|------------------|--|

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc.<br><u>housekeeper</u> |
|            | 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.<br><u>home</u>                 |
|            | 10. Date deceased last worked at<br>this occupation (month and<br>year) <u>7, 1937</u>                                  |
|            | 11. Total time (years)<br>spent in this<br>occupation <u>life</u>   |

12. BIRTHPLACE (city or town) Washington, D.C.  
(State or country)13. NAME Theodore C. Brecht14. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)15. MAIDEN NAME Louise A. Voss16. BIRTHPLACE (city or town) Washington, D.C.  
(State or country)17. INFORMANT Christine D. Hanbock  
(Address) 1912 H St., N.W., Washington, D.C.18. BURIAL, CREMATION, OR REMOVAL  
Place Cath Hill Georgetown, D.C. Date Dec 4th 193719. UNDERTAKER Wm. Book  
(Address) 1217 St Paul St20. FILED 12/2, 19 37 W. H. Anderson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 2, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
September 8, 1937, to December 2, 1937I last saw her alive on December 2, 1937; death is saidto have occurred on the date stated above, at 4 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

|                                |     |      |
|--------------------------------|-----|------|
| Senility                       | bef | 1937 |
| Generalized arteriosclerosis   | "   | "    |
| Arteriosclerotic heart disease | "   | "    |

Other Contributory Causes of Importance:

Name of operation none Date of       What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (VIOLENCE) fill in also the following: noAccident, suicide, or homicide?        Date of Injury       , 19      Where did injury occur?       

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury       Nature of Injury       24. Was disease or injury in any way related to occupation of deceased? noIf so, specify Waltmer(Signed) Wm. H. Anderson M. D.(Address) Spring Grove State Hospital

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12729

## 1. PLACE OF DEATH

 County Baltimore  
 Village or City Uppesee
Registration Dist. No. 34

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Ruth E. Mengman

If U. S. Veteran, specify WAR

(a) Residence: No.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                              |   |
|--|------------------------------|---|
| 3. SEX<br><u>H</u>   | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>widow</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of<br>(or) WIFE of <u>Thomas W Mengman</u>                 |                              |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Jan 13-1857</u>   |                              |   |
| 7. AGE<br><u>80</u>  | Years<br><u>10</u>           | Months<br><u>22</u>   |
| If LESS than<br>1 day, ----- hrs.<br>or ----- min.   |                              |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>None</u> |                              |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>-</u>             |                              |   |
| 10. Date deceased last worked at this occupation (month and year)<br><u>-</u>                              |                              | 11. Total time (years) spent in this occupation<br><u>-</u>               |

12. BIRTHPLACE (city or town)  
(State or country) Maryland13. NAME Josias Mallonee14. BIRTHPLACE (city or town)  
(State or country) Maryland15. MAIDEN NAME Martha E Tracey16. BIRTHPLACE (city or town)  
(State or country) Maryland17. INFORMANT Mrs John Beatty  
(Address) Uppesee Md

18. BURIAL, CREMATION OR REMOVAL

Place Grace Church Date Dec 8 193719. UNDERTAKER Edw C Johnston  
(Address) Hampstead20. FILED Dec 6 1937 C. E. Fowler M.D.  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec51937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

7th1935

to

Dec 51937I last saw him alive on Dec 4 1937; death is saidto have occurred on the date stated above, at 4p m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Nephritis  
with hypertension  
uraemia

Date of onset

11-29-37

Other Contributory Causes of Importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12730

## 1. PLACE OF DEATH

County Baltimore

Village or City Triple Union Park

No.

Registration Dist. No.

St.

Ward

Length of residence in city or town where death occurred Unknown

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Stephen Michalski

(a) Residence: No. Maine Ave

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of

Sophia Michalski

6. DATE OF BIRTH (month, day, and year) Unknown 1863

7. AGE

Years

Months

Days

If LESS than

74

1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Unemployed

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Poland

(State or country)

FATHER

13. NAME Lucas Michalski

14. BIRTHPLACE (city or town) Poland

(State or country)

MOTHER

15. MAIDEN NAME Jozefa ?

16. BIRTHPLACE (city or town) Poland

(State or country)

17. INFORMANT Mrs. Sophia Michalski

(Address) Maine Ave, Triple Union Prk

18. BURIAL, CREMATION, OR REMOVAL

Place Sacred Heart Of Mary Date Dec. 2/25/37

19. UNDERTAKER

(Address) George A. Weber

20. FILE

Dec. 18/37 Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 17th, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Nov 29, 1937, to Dec. 6, 1937

I last saw him alive on Dec. 6, 1937; death is said

to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Arteriosclerosis  
Chronic Myocarditis  
Coronary Occlusion

Date of onset

Nov. 29-37

Nov 29-37

Dec. 19-37

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an eu'opsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Frank Virgilis

M. D.

(Address)

2 market St. Dundalk

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

12731

## 1. PLACE OF DEATH

County Baltimore  
Village or City Rosedale

Registration Dist. No. 4

No. Pine Grove Ave St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Herman Henry Mohr

(a) Residence: No. Rosedale St. Ward

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of Katherine M. Mohr

6. DATE OF BIRTH (month, day, and year) March 3rd 1890

7. AGE Years 47 Months 9 Days 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Former  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Truck Farm  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore Co.  
(State or country) Maryland

13. NAME Henry M. Mohr

14. BIRTHPLACE (city or town) Baltimore Co.  
(State or country) Maryland

15. MAIDEN NAME Caroline Brelin

16. BIRTHPLACE (city or town) Baltimore Co.  
(State or country) Maryland

17. INFORMANT Mrs. Katherine M. Mohr  
(Address) Pine Grove Ave. Rosedale

18. BURIAL, CREMATION, OR REMOVAL  
Place St. John Lutheran Date Dec 30, 1937

19. UNDERTAKER Fredrick L. Loomis  
(Address) 7401 Belair Road

20. FILED 12/28 1937 J. A. Fitt Registrar.

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH

Dec. 27, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 26, 1937, to Dec 27, 1937

I last saw him alive on Dec 27, 1937; death is said

to have occurred on the date stated above, at 8:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Rheumatic endocarditis

Date of onset

Other Contributory Causes of importance:

Aortic Deformans Spine 18 yrs.  
Chronic Bronchitis

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) M. Baumgardner M. D.

(Address) Rosedale Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., *heart failure, asphyxia, asthenia, etc.* As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

JAN 4 1938

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12732

## 1. PLACE OF DEATH

County

Baltimore

Village or City

Lansdowne, 404-3rd Ave

No.

Registration Dist. No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Catherine Beatrice Müller

If U. S. Veteran, specify WAR

(a) Residence: No.

1913- E 29th St

St.

Ward.

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Wife of John A. Müller

6. DATE OF BIRTH (month, day, and year)

Feb 26-1882

7. AGE

Years

Months

Days

If LESS than 1 day, 2 hrs. or min.

55

9

20

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Own Home

10. Date deceased last worked at this occupation (month and year)

12/18

11. Total time (years) spent in this occupation

Life

12. BIRTHPLACE (city or town) (State or country)

Washington, D.C.

FATHER

13. NAME

Charles Birch

14. BIRTHPLACE (city or town) (State or country)

unknown

MOTHER

15. MAIDEN NAME

Celora Birch

16. BIRTHPLACE (city or town) (State or country)

Baltimore, Md.

17. INFORMANT (Address)

None Regina Müller 1913-E 29th St

18. BURIAL, CREMATION, OR REMOVAL

Place

Date

Burial 12/21/37

19. UNDERTAKER (Address)

Geo. J. Puth 11735 Fifer Road

20. FILED

Dec 29, 1937

Lansdowne, Md.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 19, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 18, 1937, to Dec. 19, 1937

I last saw her alive on Dec. 18, 1937; death is said

to have occurred on the date stated above, at 1:38 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho-pneumonia (Secondary)

Date of onset 12/18/37

Other Contributory Causes of Importance:

Ehri Myocarditis  
Ehri Cholecystitis

Name of operation

None

Date of

What test confirmed diagnosis?

None

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? None Date of Injury None, 19

Where did injury occur? None

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

None

Nature of injury

None

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

W. E. Spitznagel, M.D.

(Address)

Lansdowne, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

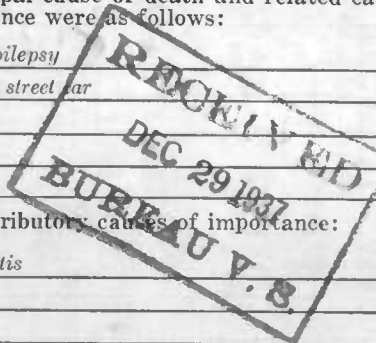
## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

*6548 un*



# HEALTH DEPARTMENT—CITY OF BALTIMORE

12733

## CERTIFICATE OF DEATH

(77)

### 1. PLACE OF DEATH

CITY OF BALTIMORE: (No.) Lincoln Station Ward

Registered No. 42  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

### 2. FULL NAME

Francis J. Murphy  
(a) Residence: No. Lincoln Station Ward.  
(Usual place of abode) (If non-resident give city or town and State)

If U. S. Veteran  
specify WAR.....

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of Michael Murphy

6. DATE OF BIRTH (month, day, year) 3-19-1852

7. AGE Years 84 Months 9 Days 12 If LESS than 1 day,.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Physician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore  
(State or country) Md

13. NAME Michael Murphy

14. BIRTHPLACE (city or town) Delaware  
(State or country)

15. MAIDEN NAME Susan G. Carter

16. BIRTHPLACE (city or town) Delaware  
(State or country)

17. INFORMANT John E. Boone  
(Address) Lincoln Station

18. BURIAL, CREMATION, OR REMOVAL

Place Catholic Date 11/3/37

19. UNDERTAKER Henry H. Boone  
(Address) 1345 1st Ave

20. FILED Dec 3 19 37 H. K. Kieffer

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 12/31, 19 37

22. I HEREBY CERTIFY, That I attended deceased from Oct 22, 19 30, to Dec 31, 19 37

I last saw him alive on Dec 30, 19 37. Death is said

to have occurred on the date stated above, at 7:30 A.M.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Date of onset

Other contributory causes of importance:

Chronic Ostitis  
Bilateral Hydronephrosis

Was an operation performed? no Date of

For what disease or injury?

Name of operation

What test confirmed diagnosis? Path Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? no Date of injury

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify

(Signed) William S. Sparrow, M. D.

(Address) Hatfield Rd

MARGIN RESERVED FOR BINDING

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly checked. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "c," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12734

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30No. Spring Grove State Hosp. St.        Ward       

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 26 yrs. 6 mos. — ds. How long in U.S. If of foreign birth?        yrs.        mos.        de.2. FULL NAME Katherine NicholsIf U. S. Veteran, specify WAR       (a) Residence: No. 1207 Eden StreetSt.        Ward.       Baltimore, Md. (Usual place of abode)If nonresident give city or town and State       

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5a. If married, widowed, or divorced  
HUSBAND of         
(or) WIFE of       6. DATE OF BIRTH (month, day, and year) August ?, 18767. AGE Years 61 Months 4 Days — If LESS than 1 day,        hrs. or        min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. telephone operator9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Chesapeake & Potomac Telephone Company10. Date deceased last worked at this occupation (month and year) 7, 1910 11. Total time (years) spent in this occupation ?12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME Unknown14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Hospital records  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Baltimore Date Dec 25 193719. UNDERTAKER Wm. C. Cook  
(Address) 1217 St. Paul St.20. FILED 12-24 1937 H. G. Andrews  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 22 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from June 23, 1911, to Dec. 22, 1937I last saw her alive on Dec. 22, 1937; death is saidto have occurred on the date stated above, at 3:10 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Subacute bacterial endocarditis Date of onset Oct. 1937  
(Streptococcus Viridans)

Other Contributory Causes of Importance:

Schizophrenia 1910Rheumatic heart disease bef. "Name of operation none Date of       What test confirmed diagnosis? clinical and laboratory Was there an autopsy? NO23. If death was due to external causes (VIOLENCE) fill in also the following: noAccident, suicide, or homicide?        Date of injury       , 19      Where did injury occur?       (Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury       Nature of injury       24. Was disease or injury in any way related to occupation of deceased? noIf so, specify       (Signed) John G. Kimball M. D.(Address) Catonsville road

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

JAN 4, 1938  
BUREAU V. 5.

Date of onset

1915  
1921  
July 5, 1927

## Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy  
Run over by street car  
Peritonitis

Date of onset

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

Gallstones

May 1, 1923

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH 12735

## 1. PLACE OF DEATH

County BaltoVillage or City Brimmings Mills

No.

Registration Dist. No. 82

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Laura Nicholson(a) Residence: No. Baltimore, Md.

St.

Ward.

4029 Fairview Ave.Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

April 20, 1863

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.75728

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BODKKEEPER, etc.Retired9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Seamstress10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Balto Md

FATHER

13. NAME

Harry Nicholson14. BIRTHPLACE (city or town)  
(State or country)unknown

MOTHER

15. MAIDEN NAME

Tyler16. BIRTHPLACE (city or town)  
(State or country)unknown17. INFORMANT  
(Address)Mrs. Walter Geary  
4029 Fairview Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Barkwood Date Dec 21, 193719. UNDERTAKER  
(Address)Harry C. Zimmerman & Son  
1136 E. Pratt St20. FILED 12/18, 1937G. E. Michol

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December181937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 41937to December 18, 1937I last saw her alive on Dec 13, 1937; death is saidto have occurred on the date stated above, at 9 am.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Date of onset

Coronary Heart Disease

?

Other Contributory Causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Natura of Injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) H. F. Ermshar

M. D.

(Address) Reston, Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

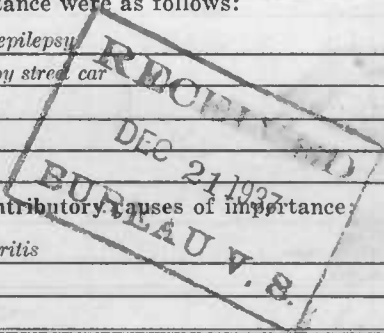
## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12736

## 1. PLACE OF DEATH

County BaltoVillage or City Owings MillsRegistration Dist. No. 32

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred. 16 yrs. .... mos. .... ds. How long in U. S. if of foreign birth? .... yrs. .... mos. .... ds.

## 2. FULL NAME

(a) Residence: No. Lyons Mills Rd

St. .... Ward. ....

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDWED,  
OR, DIVORCED (write the word)Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) April 14 1917

7. AGE

Years

Months

Days

If LESS than  
1 day, .... hrs.  
or .... min.20726

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)None11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Balto Co

MOTHER FATHER

13. NAME

John H Osborn14. BIRTHPLACE (city or town)  
(State or country)Balto Co

15. MAIDEN NAME

Elizabeth Moran16. BIRTHPLACE (city or town)  
(State or country)Balto Co17. INFORMANT  
(Address)Elizabeth Moran

18. BURIAL, CREMATION, OR REMOVAL

Place

Asbury Cem

Date

Dec 18 193719. UNDERTAKER  
(Address)J F Elin + Sons  
Preston Md

20. FILED

Dec 17 1937 E E Tucker

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 16

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 11 1937 to Dec 16 1937I last saw him alive on Dec 15 1937; death is saidto have occurred on the date stated above, at 7 A m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Pneumo-Pneumonia

Date of onset

5 days

Other Contributory Causes of importance:

Upper Respiratory Infection10 days

Name of operation

None

Date of

What test confirmed diagnosis? Culture Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur?

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

E E Tucker

M. D.

(Address)

Preston Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12737

## 1. PLACE OF DEATH

County BaltimoreVillage or City HullertonRegistration Dist. No. 43No. Joppa Road St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

William N. Penn

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Joppa Road

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Edith J. Penn

6. DATE OF BIRTH (month, day, and year)

March 28, 1881

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.56829

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.

Florist

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore Co.

(State or country)

Maryland

FATHER

13. NAME

John W. Penn

14. BIRTHPLACE (city or town)

Baltimore Co.

(State or country)

Maryland

MOTHER

15. MAIDEN NAME

Sarah G. Blackburn

16. BIRTHPLACE (city or town)

Baltimore Co.

(State or country)

Maryland

17. INFORMANT

(Address)

Mrs. Sarah J. Penn  
Hullerton Md.

18. BURIAL, CREMATION, OR REMOVAL

Crematory M. E. Crotty Dec. 29, 1937

19. UNDERTAKER

(Address)

Frederick E. Crotty Sons  
2401 Edgar Road

20. FILED

12/281937J. A. Fitz. M.D.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec  
(Month)27  
(Day)1937  
(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Dec 201937

to

Dec 271937I last saw him alive on Dec 26, 1937; death is saidto have occurred on the date stated above, at 5:00 a. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Dec 27/37

Other Contributory Causes of Importance:

Arterio-sclerosisa number of years

Name of operation

✓

Date of

✓

What test confirmed diagnosis?

✓

Was there an autopsy?

no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed)

Morris B. Green

M. D.

(Address) 3009 Eagerman AveBalto Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “*laborer*” when a more precise statement of the occupation can be secured. Do not use the word “*mechanic*,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

RECEIVED  
JAN 4 1928  
BUREAU V. S.

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12738

## 1. PLACE OF DEATH

County BaltimoreVillage or City Catonsville

No.

Registration Dist. No. 30

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

(a) Residence: No. 34 Overbrook Rd

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                    |                              |   |
|--------------------|------------------------------|---|
| 3. SEX<br><u>F</u> | 4. COLOR OR RACE<br><u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
|--------------------|------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofWm P Pletzing

6. DATE OF BIRTH (month, day, end year)

Jan 18 - 1863

7. AGE

Years

Months

Days

If LESS than

7410201 day, hrs.  
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

own home

10. Date deceased last worked at this occupation (month and year)

Dec 8 - 37

11. Total time (years) spent in this occupation

Lifelong

12. BIRTHPLACE (city or town)

(State or country)

Baltimore  
Md

FATHER

13. NAME

John Schultz

14. BIRTHPLACE (city or town)

(State or country)

Germany

MOTHER

15. MAIEN NAME

Margaret Beck

16. BIRTHPLACE (city or town)

(State or country)

Germany

17. INFORMANT

(Address)

Geo Pletzing  
34 Overbrook Rd

18. BURIAL, CREMATION, OR REMOVAL

Place Landon Pk Date Dec 10, 1937

19. UNDOERTAKER

(Address)

Joseph B Cook  
1005 W Baltimore St

20. FILED

Dec 9, 1937Marshall B West  
Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec  
(Month)8  
(Day)1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. alive on

about

19

; death is said

to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Coronary ThrombosisFewmonths

Other Contributory Causes of importance:

Found dead on Bath room floor.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fit in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Marshall B West

M. D.

(Address) Catonsville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12739

## 1. PLACE OF DEATH

County Baltimore

Village or City Freeland Md. R.D. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 12 yrs. 9 mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Adella M. Poust

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Freeland Md. R.D. St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Edward K. Poust</u>                            |                                  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>January 31, 1867</u>  |                                  |   |
| 7. AGE<br>Years <u>70</u>  | Months <u>10</u>                 | Days <u>22</u>  |
| If LESS than 1 day, _____ hrs. or _____ min.   |                                  |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Housekeeper</u> |                                  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. _____                       |                                  |   |
| 10. Date deceased last worked at this occupation (month and year) <u>December 1937</u>                         |                                  |   |
| 11. Total time (years) spent in this occupation <u>51</u>  |                                  |   |

|  |
|--|
| 12. BIRTHPLACE (city or town) <u>Landsville</u><br>(State or country) <u>Penn.</u> |
| 13. NAME <u>Henry Worthington</u>  |
| 14. BIRTHPLACE (city or town) <u>Unknown</u><br>(State or country) _____           |
| 15. MAIDEN NAME <u>Angelina Reeder</u>   |
| 16. BIRTHPLACE (city or town) <u>Unknown</u><br>(State or country) _____           |

|  |
|--|
| 17. INFORMANT <u>Maye A. White</u><br>(Address) <u>Freeland Md. R.D.</u>   |
| 18. BURIAL, CREMATION, OR REMOVAL <u>Middleton Cemetery</u><br>Place <u>Baltimore Co., Md.</u> Date <u>Dec. 26, 1937</u> |
| 19. UNOBTAKER <u>Reuben A. Trabant</u><br>(Address) <u>Freeland Md. R.D.</u>   |
| 20. FILED <u>Dec. 26, 1937</u> <u>Samuel S. Miller</u><br>Registrar  |

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

December 23, 1937  
(Month) (Day) (Year)

### 22. I HEREBY CERTIFY That I attended deceased from

December 19, 1937 to December 23, 1937  
I first saw her alive on December 23, 1937; death is said to have occurred on the date stated above, at 9:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Bronchopneumonia 12-18-37

### Other Contributory Causes of importance:

Name of operation none Date of \_\_\_\_\_

What last confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

### 24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Louis Schatanoff M. D.

(Address) New Freedom, Pa.

MARGIN RESERVED FOR BINDING

V.S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12740

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30  
 Village or City Catonsville No. Frederick Road St. Ward  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 66 yrs. 0 mos. 0 ds. How long in U.S. If of foreign birth? 0 yrs. 0 mos. 0 ds.

2. FULL NAME Margaret Zimmerman Righter

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Frederick Road, Catonsville St. Ward.  
 (Usual place of abode)  
 If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced  
 HUSBAND of George M. Righter  
 (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year) November 26, 1871

7. AGE Years 66 Months 0 Days 20 If LESS than 1 day, ----- hrs. or ----- min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Maryland  
 (State or country)

FATHER 13. NAME John Zimmerman

14. BIRTHPLACE (city or town) Maryland  
 (State or country)

MOTHER 15. MAIDEN NAME Adeline Thomas

16. BIRTHPLACE (city or town) Maryland  
 (State or country)

17. INFORMANT Mrs. George M. Righter  
 (Address) Frederick Road, Catonsville

18. BURIAL, CREMATION, OR REMOVAL  
 Place Louisa Park Cem. Date Dec. 20, 1937

19. UNDERTAKER Edmondson  
 (Address) 1003 W. Baltimore St.

20. FILED 1408, 1937 Edmondson  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 16, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1937, 1937, to December 16, 1937.

I last saw her alive on Dec. 12, 1937; death is said

to have occurred on the date stated above, at 8:40 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Myocarditis  
Endocarditis  
Pharyngeal Rheumatism

Date of onset  
8 years  
21 years

Other Contributory Causes of Importance:

Chronic Interstitial Nephritis

5 years

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Cl Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
 Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or Injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) Edmondson M. D.

(Address) Edmondson Ave., Catonsville



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term “*laborer*” when a more precise statement of the occupation can be secured. Do not use the word “*mechanic*,” but give the exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., *heart failure*, *asphyxia*, *asthenia*, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

JAN 4 1929

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12741

## 1. PLACE OF DEATH

County Baltimore  
Village or City Catonsville

Registration Dist. No. 30

No. 5 Osborne Ave St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Rosalie E. Rowe

If U. S. Veteran, specify WAR

(a) Residence: No. Osborne

St. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of J. Scofield Rowe

6. DATE OF BIRTH (month, day, and year) Oct. 15, 1859

7. AGE Years 78 Months 1 Days 29 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month end year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) New York

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) J. Scofield Rowe  
10 Park Place Newark N.J.

18. BURIAL, CREMATION, OR REMOVAL Place Graves Hill Cem. Catonsville Date Dec. 16, 1937

19. UNDERTAKER (Address) Easton Sons  
1111 E. Baltimore Ave

20. FILED 12/15/37 Registrar [Signature]

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Dec. 14 1937  
(Month) (Day) (Year)

### 22. I HEREBY CERTIFY That I attended deceased from

July 2 1937 to Dec 14 1937  
I last saw him alive on Dec 14 1937; death is said

to have occurred on the date stated above, at 11:50 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Coronary Arterio Sclerosis (Date of onset 4/1/37)

### Other Contributory Causes of importance:

Name of operation none Date of none

What test confirmed diagnosis Open Heart Was there an autopsy? no

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) [Signature] M. D.

(Address) Catonsville

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| <i>Arteriosclerosis</i>  | 1915          |
| <i>Chronic interstitial nephritis</i>  | 1921          |
| <i>Cerebral hemorrhage</i>   | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| <i>Gallstones</i>  | May 1, 1923   |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| <i>Attack of epilepsy</i>  | 1 week ago    |
| <i>Run over by street car</i>  | 1 week ago    |
| <i>Peritonitis</i>   | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| <i>Gastroenteritis</i>   | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12742

## 1. PLACE OF DEATH

County Baltimore

Village or City Harrison, Md.

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mrs. Peggy Elizabeth Russell

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Harrison, Md.

St. \_\_\_\_\_

Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX

FE

### 4. COLOR OR RACE

white

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

### 5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Mr. John William Russell

### 6. DATE OF BIRTH (month, day, and year)

May 25, 1897

### 7. AGE

Years

Months

Days

If LESS than 1 day, \_\_\_\_\_ his. or \_\_\_\_\_ min.

60

6

10

### OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Own Home

10. Date deceased last worked at this occupation (month and year)

before age

11. Total time (years) spent in this occupation

40 years

### 12. BIRTHPLACE (city or town)

Onancock, Va.

(State or country)

Accomack Co.

### FATHER

#### 13. NAME

Charles Allen

#### 14. BIRTHPLACE (city or town)

France

(State or country)

### MOTHER

#### 15. MAIDEN NAME

Elizabeth Scott

#### 16. BIRTHPLACE (city or town)

Onancock, Virginia

(State or country)

### 17. INFORMANT

(Address)

Charles Russell

Harrison Md.

### 18. BURIAL, CREMATION, OR REMOVAL

Place

Onancock, Va.

Date

Dec. 7, 1937

### 19. UNDERTAKER

(Address)

Frank H. Newell  
Jacksonville, Md.

### 20. FILED

Dec 5

19 37

E. E. Nichols

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

December

5

193 7

(Month)

(Day)

(Year)

### 22.

I HEREBY CERTIFY, That I attended deceased from

Dec 3

193 7

to Dec 5

19 37

I last saw him alive on Dec 5 19 37; death is said

to have occurred on the date stated above, at 10:40 am m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Broncho-Pneumonia  
Hypertensive heart disease

Date of onset

Nov. 22, '37

2 yrs. +

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? Yes

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19 \_\_\_\_\_

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

### 24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed) M. F. Ernsbacher

M. O.

(Address) Harrison, Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# STATE OF MARYLAND—CERTIFICATE OF DEATH

12743

## 1. PLACE OF DEATH

County BALTO

Village or City CATONSVILLE

Registration Dist. No. 30

No. 316 Harlem Lane St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

John H. Schwartz

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 316 Harlem Lane St. Ward

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

### 3. SEX

Male

### 4. COLOR OR RACE

White

### 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

### 5a. If married, widowed, or divorced

HUSBAND of (or) WIFE of

Clara Schwartz

### 6. DATE OF BIRTH (month, day, end year)

Nov 17 1881

### 7. AGE

Years

Months

Days

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

56

1

10

### OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Grocer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

### 12. BIRTHPLACE (city or town)

Baltimore

(State or country)

### FATHER

#### 13. NAME

John H. Schwartz

#### 14. BIRTHPLACE (city or town)

Germany

(State or country)

### MOTHER

#### 15. MAIDEN NAME

Anna H. Schley

#### 16. BIRTHPLACE (city or town)

Baltimore

(State or country)

### 17. INFORMANT

Clara Schwartz

(Address)

316 Harlem Lane (Catonville)

### 18. BURIAL, CREMATION, OR REMOVAL

Place

London Park

Date

12-29th 1937

### 19. UNDERTAKER

Mrs Chas A. G. Rohde

(Address)

2327 Edmondson Ave

### 20. FILED

1/28

19

37

Registrar

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Dec. 27th 1937

(Month)

(Day)

(Year)

### 22.

I HEREBY CERTIFY That I attended deceased from

Sept 1

1937

to

Dec 26

1937

I last saw him alive on Dec 26 1937; death is held

to have occurred on the date stated above, at 1:30 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Carcinoma of Lung

Date of onset

1/18/37

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis

Clinical

Was there an autopsy?

### 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

### 24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

John A. Gray

M. D.

(Address)

612 N. 10th St

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12741

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30No. Spring Grove State Hosp. St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 36 yrs. 3 mos. 10 ds. How long in U.S. if of foreign birth?        yrs.        mos.        ds.2. FULL NAME Mary P. ShipleyIf U. S. Veteran, specify WAR       (a) Residence: No. 2404 Westwood AvenueSt.        Ward.       Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                         |                                  |   |
|-------------------------|----------------------------------|---|
| 3. SEX<br><u>female</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of         
(or) WIFE of       6. DATE OF BIRTH (month, day, and year) June 13, 1863

| 7. AGE | Years     | Months   | Days     | If LESS than<br>1 day, <u>      </u> hrs.<br>or <u>      </u> min. |
|--------|-----------|----------|----------|--|
|        | <u>75</u> | <u>6</u> | <u>7</u> |  |

|            |   |
|------------|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>none</u> |
|            | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>      </u>        |
|            | 10. Date deceased last worked at this occupation (month and year) <u>      </u>                         |
|            | 11. Total time (years) spent in this occupation <u>      </u>   |

12. BIRTHPLACE (city or town) B. A. Co. Md.  
(State or country)13. NAME Ljod G. S. Shipley14. BIRTHPLACE (city or town) B. A. Co. Md.  
(State or country)15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) B. A. Co. Md.  
(State or country)17. INFORMANT Mrs. Georgia Champagne  
(Address) 2404 Westwood Ave18. BURIAL, CREMATION, OR REMOVAL  
Place Western Date Dec 24, 193719. UNDERTAKER Geo. H. Little  
(Address) 3700 Edmondson Ave20. FILED 323 19 37  
Registrar       

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 22, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from September 12, 1901, to Dec. 22, 1937I last saw her alive on Dec. 22, 1937; death is said to have occurred on the date stated above, at 3:20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

|                                |           |
|--------------------------------|-----------|
| Senility                       | bef. 1935 |
| Generalized arteriosclerosis   | " 1937    |
| Arteriosclerotic heart disease | " 1937    |

Other Contributory Causes of Importance:

Fracture of right femur 12-4-37  
(patient slipped on floor)Name of operation none Date of       What test confirmed diagnosis? clinical and laboratory Was there an autopsy? no23. If death was due to external causes (VIOLENCE) fill in also the following: Contributory  
Accident, suicide, or homicide? accident Date of Injury 12-4, 1937Where did Injury occur? Catonsville, Maryland  
(Specify city or town, county and State)Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE  
Spring Grove State HospitalManner of Injury Patient slipped on wet floorNature of injury Fracture of right femur24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) John J. Kuehl M. D.  
(Address) Catonsville Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

## 1. PLACE OF DEATH

County Baltimore

Village or City Huntton

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Registration Dist. No. 43

No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME

(a) Residence: No. Belair Road

(Usual place of abode)

St. \_\_\_\_\_

Ward. \_\_\_\_\_

If U. S. Veteran, specify WAR \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of August Slater

6. DATE OF BIRTH (month, day, and year) Sept 18-1884

7. AGE

Years 53

Months 3

Days 27

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Wm. + stockkeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) Baltimore Md  
(State or country)

FATHER

13. NAME George Hoover

14. BIRTHPLACE (city or town) Md  
(State or country)

MOTHER

15. MAIDEN NAME Mary E. Foston

16. BIRTHPLACE (city or town) Md  
(State or country)

17. INFORMANT Mary E. Green  
(Address) 1217 St. Paul St

18. BURIAL, CREMATION, OR REMOVAL Mountain Church

Place

Date 12/17

1937

19. UNDERTAKER William E. Foston  
(Address) 1217 St. Paul St

20. FILED 12/15

1937

S. A. Fenty

Registrar.

## MEDICAL CERTIFICATE OF DEATH

### 21. DATE OF DEATH

Dec 15  
(Month) (Day)

1937 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 17, 1937, to Dec 15, 1937

I last saw him alive on Dec 15, 1937; death is said to have occurred on the date stated above, at 3:15 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Angina Pectoris

Date of onset

Sept 17  
1937

Other Contributory Causes of importance:

Myocardial infarction

Dec 14  
1937

Name of operation \_\_\_\_\_

Date of \_\_\_\_\_

What test confirmed diagnosis? symptoms Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Edw. Pearson

M. D.

(Address) 1414 Bealeman

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|  | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>                            | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>              | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>                         | <i>July 5, 1927</i> |
|  |                     |
|  |                     |
| Other contributory causes of importance: <i>S.</i> |                     |
| <i>Gallstones</i>                                  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

## Example II

The principal cause of death and related causes of importance were as follows:

|  | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>                | <i>1 week ago</i> |
| <i>Run over by street car</i>            | <i>1 week ago</i> |
| <i>Peritonitis</i>                       | <i>3 days ago</i> |
|  |                   |
|  |                   |
| Other contributory causes of importance: |                   |
| <i>Gastroenteritis</i>                   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

12746

## 1. PLACE OF DEATH

County Baltimore

Village or City Sparrows Point Md.

Registration Dist. No. 41

No. North Pt. & Miller Island Rd. Ward 8th

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 27 yrs. mos. ds.

How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME Elizabeth Anna Smith

If U. S. Veteran, specify WAR

(a) Residence: North Pt. & Miller Island St. Ward.

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest P. Smith

6. DATE OF BIRTH (month, day, and year) August 4, 1892

7. AGE Years 45 Months 4 Days 25 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Baltimore, Md. (State or country)

13. NAME William Maibohm

14. BIRTHPLACE (city or town) Germany (State or country)

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) Unknown (State or country)

17. INFORMANT Ernest P. Smith (Address) North Pt. & Miller Island Rd.

18. BURIAL, CREMATION, OR REMOVAL Place Oak Lawn Cem. Date 1/1/38, 19

19. UNDERTAKER Charles E. Schimunek (Address) 2613 E. Madison St.

20. FILED 12/31/37, 19 Smearmore Registrar.

### MEDICAL CERTIFICATE OF DEATH

#### 21. DATE OF DEATH

December 29, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Dec. 19, 1937, to Dec. 29, 1937

I last saw him alive on Dec. 29, 1937; death is said to have occurred on the date stated above, at 4 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Malignant Hypertension  
Cerebral Hemorrhage  
Acute Myocarditis  
Pneumonia

Date of onset

Dec. 29, 1937  
Dec. 28, 1937  
Dec. 28, 1937

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed)

(Address)

Harry Lachman M. D.  
2322 Callow Ave.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—~~WRITE PLAINLY~~, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12747

## 1. PLACE OF DEATH

County Balto Registration Dist. No. 35  
 Village or City Heurford No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Veto A. Spena If U. S. Veteran, specify WAR \_\_\_\_\_  
 (a) Residence: No. Whitehall St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                    |  |
|--|------------------------------------|--|
| 3. SEX<br><u>Male</u>  | 4. COLOR OR RACE<br><u>Italian</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Single</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of _____<br>(or) WIFE of _____                                   |                                    |  |
| 6. DATE OF BIRTH (month, day, and year) <u>Sept 21, 1913</u>   |                                    |  |
| 7. AGE<br>Years <u>24</u>  | Months <u>2</u>                    | Days <u>13</u><br>If LESS than 1 day, _____ hrs. or _____ min.             |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.<br><u>Yuck Miner</u> |                                    | 11. Total time (years) spent in this occupation <u>10</u>                  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.<br><u>J. E. Baker Quarry</u>  |                                    |  |
| 10. Date deceased last worked at this occupation (month and year) <u>Dec 4, 1937</u>                             |                                    |  |

|   |  |
|---|--|
| MOTHER  | 12. BIRTHPLACE (city or town) (State or country)<br><u>Baltimore, Md</u>                 |
|   | 13. NAME<br><u>Rocco Spena</u>   |
|   | 14. BIRTHPLACE (city or town) (State or country)<br><u>Italy</u>                         |
|   | 15. MAIDEN NAME<br><u>Mimi Mace</u>  |
|   | 16. BIRTHPLACE (city or town) (State or country)<br><u>Italy</u>                         |
| FATHER  | 17. INFORMANT (Address)<br><u>Rocco Spena</u><br><u>Whitehall, Md.</u>                   |
|   | 18. BURIAL, CREMATION, OR REMOVAL<br>Place <u>Yescas</u> Date <u>Dec. 7</u> 19 <u>37</u> |
| 19. UNDERTAKER (Address)<br><u>Wm. C. Dwyer &amp; Son</u><br><u>Spasibo</u> |  |
| 20. FILED <u>Dec 6</u> 19 <u>37</u> <u>M. J. Dwyer</u> Registrar.           |  |

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 4 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Hemorrhage  
Throat Cnt  
Auto Accident  
 Other Contributory Causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? on Maryland & Baltimore County, Md.  
 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  
in public place on York Road

Manner of Injury Automobile accident

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Minor Dermal M.D.

(Signed) Barry B. Murryman M. D.

(Address) Heurford

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12748

## 1. PLACE OF DEATH

County BaltimoreVillage or City Park Heights ave.Length of residence in city or town where death occurred 7 yrs.
 No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (If death occurred in a hospital or institution, give its NAME, instead of street and number)  
 How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.
2. FULL NAME Nelson Sproul.(a) Residence: No. Park Heights ave.

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

 3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

 5a. If married, widowed, or divorced  
 HUSBAND of Sarah E. Bayne Sproul  
 (or) WIFE of
6. DATE OF BIRTH (month, day, and year) Sept 12, 1888
 7. AGE Years 79 Months 3 Days 16 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

 OCCUPATION 79 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.  
Retired  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  
 10. Date deceased last worked at this occupation (month and year) 1931 11. Total time (years) spent in this occupation life

 12. BIRTHPLACE (city or town) Baltimore Co.  
 (State or country) md.

 FATHER 13. NAME William L. Sproul.

 14. BIRTHPLACE (city or town) Ireland  
 (State or country)

 MOTHER 15. MAIÖEN NAME Ellen Baublitz

 16. BIRTHPLACE (city or town) Baltimore Co.  
 (State or country) md.

 17. INFORMANT Chester Sproul.  
 (Address) 4206 La. Salaway

 18. BURIAL, CREMATION, OR REMOVAL  
 Place Grace M. Plm. Date Sept 30, 1931

 19. UNDERTAKER John Burns Sons  
 (Address) Towson, Md.

20. FILE NO. \_\_\_\_\_ 19 \_\_\_\_\_ Registrar.

## MEDICAL CERTIFICATE OF DEATH

 21. DATE OF DEATH Dec 28, 1937  
 (Month) (Day) (Year)

 I HEREBY CERTIFY That I attended deceased from Dec 25, 1937 to Dec 28, 1937

 I last saw him alive on Dec 28, 1937; death is said to have occurred on the date stated above, at 10 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Thrombosis

Date of onset

Other Contributory Causes of Importance:

Hypertensive arterio-sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) James H. Saffell(Address) Westminster, Md.

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12749

## 1. PLACE OF DEATH

County New Battle Grove Maryland.Registration Dist. No. 41

Village or City

No. New Battle Grove Road St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

2. FULL NAME Joseph Sramek

If U. S. Veteran, specify WAR

(a) Residence: No. New Battle Grove Road

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married

5e. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofMary Sramek (Nee Kazda)

6. DATE OF BIRTH (month, day, end year)

1873, mch 18

7. AGE

Years

Months

Days

If LESS than

648261 day,-----hrs.  
or-----min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Cabinet Maker9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)6 yrs ago11. Total time (years)  
spent in this  
occupationLife12. BIRTHPLACE (city or town) Czechoslovakia  
(State or country)

FATHER

13. NAME Ignatius14. BIRTHPLACE (city or town) Czechoslovakia  
(State or country)

MOTHER

15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town) Czechoslovakia  
(State or country)17. INFORMANT  
(Address)Charles Sramek (Son)  
New Battle Grove Rd.

18. BURIAL, CREMATION, OR REMOVAL

Place Oak Hill Cem. Date 12/17/37, 19

19. UNDERTAKER

(Address) Charles E. Schimunek  
2603 E. Madison St. (City)

20. FILED

12/16/37, 19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 14  
(Month) (Day)193 7  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept 23, 1937, to Dec 14, 1937I last saw him alive on Dec 13, 1937; death is saidto have occurred on the date stated above, at 8:10 A. M.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Cardiac Regeneration  
Chronic Cardiac Valvular Disease  
Myocardial Infarction  
Aortic InsufficiencyDate of onset  
3 da  
3 wks  
3 mos

Other Contributory Causes of Importance:

Name of operation none Date ofWhat test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

(Address)

Frank Virgilio M. D.  
2 Marshall St. Dundalk

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

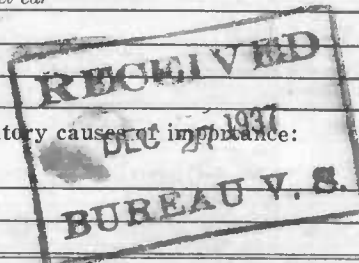
**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

## Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12750

## 1. PLACE OF DEATH

County

Village or City

Registration Dist. No.

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

If U. S. Veteran, specify WAR

(a) Residence: No.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |                                  |
|---|----------------------------------|---|----------------------------------|
| 3. SEX<br><i>Female</i>   | 4. COLOR OR RACE<br><i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |                                  |
| 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of                                |                                  |   |                                  |
| 6. DATE OF BIRTH (month, day, and year) <i>Dec. 10, 1937</i>                                |                                  |   |                                  |
| 7. AGE  | Years                            | Months  | Days                             |
|   |                                  |   | If LESS than 1 day, hrs. or min. |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. |                                  | 11. Total time (years) spent in this occupation           |                                  |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.          |                                  |   |                                  |
| 10. Date deceased last worked at this occupation (month and year)                           |                                  |   |                                  |

12. BIRTHPLACE (city or town) (State or country)

13. NAME

14. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

17. INFORMANT (Address)

18. BURIAL, CREMATION, OR REMOVAL

Place

19. UNDERTAKER (Address)

20. FILED

1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

(Month)

(Day)

1937 (Year)

22. I HEREBY CERTIFY, That I attended deceased from

, 19

, to

, 19

I last saw him alive on *Dec. 10*, 1937; death is saidto have occurred on the date stated above, at *12:45* m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

*Still Born*

Date of onset

Other Contributory Causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

1915

*Chronic interstitial nephritis*

1921

*Cerebral hemorrhage*

July 5, 1927

JAN 4 1938

Other contributory causes of importance:

*Gallstones*

May 1, 1923

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

1 week ago

*Run over by street car*

1 week ago

*Peritonitis*

3 days ago

Other contributory causes of importance:

*Gastroenteritis*

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12751

## 1. PLACE OF DEATH

County BaltimoreVillage or City OellaLength of residence in city or town where death occurred 90 yrs.Registration Dist. No. 30  
No. Oella Ave St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)How long in U.S. if of foreign birth? 90 yrs. 90 mos. 90 ds.

## 2. FULL NAME

William Stark

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Oella AveSt. Ward

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (twice the word) Widow5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bernie Elizabeth Stark

## 6. DATE OF BIRTH (month, day, and year)

7. AGE About 74 Years unknown Months unknown Days unknown If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.OCCUPATION 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Helper spinning 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Wool Woven Mill 10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 4012. BIRTHPLACE (city or town) unknown (State or country) unknown13. NAME unknown14. BIRTHPLACE (city or town) unknown (State or country) unknown15. MAIDEN NAME unknown16. BIRTHPLACE (city or town) unknown (State or country) unknown17. INFORMANT Mr. Frank Sweets (Address) Oella Md.18. BURIAL, CREMATION, OR REMOVAL Place St. Johns Can. Date Dec 30, 193719. UNDERTAKER Easton Sons (Address) Baltimore City20. FILED 12/29, 1937 St. Johns Can. Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 27 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY That I attended deceased from Oct 15, 1937, to Dec 27, 1937I last saw h. in alive on Dec 27, 1937; death is said to have occurred on the date stated above, at 11:50 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

arteriosclerotic Heart Disease  
nephritisDate of onset  
1936  
Oct. 1937

Other Contributory Causes of Importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? none Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 1937

Where did Injury occur? \_\_\_\_\_ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) George E. Buehler M. D.(Address) Baltimore City, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

**Example II**

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. **WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.** Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12752

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30  
 Village or City Catonsville, Md. No. 95-8 St. BC Ward 30  
Spring Grove State Hospital (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 17 yrs. 17 mos. 17 ds. How long in U.S. if of foreign birth? 17 yrs. 17 mos. 17 ds.

## 2. FULL NAME

Joseph Szymanski If U. S. Veteran, specify WAR                       
 (a) Residence: No. 802 S. Bond Street, Balto., Md. Ward                       
 (Usual place of abode) If nonresident give city or town and State                     

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated

5a. If married, widowed, or divorced  
 HUSBAND of Unknown  
 (or) WIFE of Unknown

6. DATE OF BIRTH (month, day, and year) 1869

7. AGE Years 68 Months unknown Days                      If LESS than 1 day,                      hrs. or                      min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer  
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Unknown  
 10. Date deceased last worked at this occupation (month and year) 1925? 11. Total time (years) spent in this occupation 50?

12. BIRTHPLACE (city or town) Poland  
 (State or country)                     

13. NAME Unknown  
 14. BIRTHPLACE (city or town) Unknown  
 (State or country)                     

15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (city or town) Unknown  
 (State or country)                     

17. INFORMANT Sister, Mrs. Frances Kutz  
 (Address) 802 S. Bond Street, Balto., Md.

18. BURIAL, CREMATION, OR REMOVAL  
 Place Holy Rosary Date Dec 24, 1937

19. UNDERTAKER Fred W. Gzazowski  
 (Address) 1930 Eastern Ave.

20. FILED 12/23/37 Registrar                     

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 23, 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from December 8, 1937, to December 23, 1937  
 I last saw him alive on December 22, 1937; death is said to have occurred on the date stated above, at 6:45 a.m.  
 The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

|  | Date of onset        |
|--|----------------------|
| <u>Cerebral Hemorrhage?</u>              | <u>Dec. 19, 1937</u> |
| <u>Arteriosclerotic heart disease</u>    | <u>Before 1937</u>   |
| <u>Generalized arteriosclerosis</u>      | <u>Before 1937</u>   |
| Other Contributory Causes of Importance: |                      |
| <u>Senile Psychosis</u>                  | <u>Before 1937</u>   |

Name of operation No Date of                       
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:  
 Accident, suicide, or homicide? No Date of Injury No, 19                       
 Where did injury occur? None  
 (Specify city or town, county and State)  
 Specify whether injury occurred IN INDUSTRY, IN HOME, or IN PUBLIC PLACE.

No  
 Manner of Injury None  
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify John G. Ryche M. D.  
 (Signed)                       
 (Address) Catonsville, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

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- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

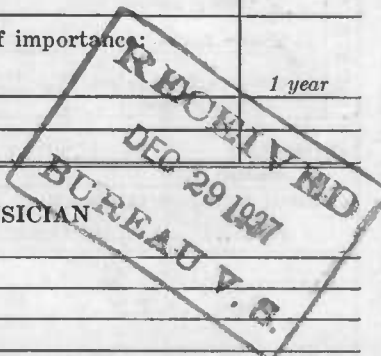
The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN





N. B.—WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12753

## 1. PLACE OF DEATH

County BaltimoreVillage or City GraniteRegistration Dist. No. 31

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life mos. \_\_\_\_\_ ds. \_\_\_\_\_ How long in U.S. if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_2. FULL NAME James C. Taggart

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Granite

St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofIda V. Taggart6. DATE OF BIRTH (month, day, and year) July 1, 1858

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.7949

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Engineer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Stationary

10. Date deceased last worked at this occupation (month and year)

193611. Total time (years) spent in this occupation 40

12. BIRTHPLACE (city or town)

(State or country)

Maryland

MOTHER / FATHER

13. NAME

Robert Taggart

14. BIRTHPLACE (city or town)

(State or country)

Ireland

15. MAIDEN NAME

Jane Mc.Bride

16. BIRTHPLACE (city or town)

(State or country)

Ireland

17. INFORMANT

(Address)

Miss. Edna Taggart  
Granite, Md.

18. BURIAL, CREMATION, OR REMOVAL

Granite Presby. Cem. Date Dec. 12th, 1937

19. UNDERTAKER

(Address)

C. H. Myers  
Sykesville Md.

20. FILER

Date

Dec 111937Wm E Martin

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 10 1937  
(Month) (Day) (Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Dec 3, 1937, to Dec 10, 1937I last saw him alive on Dec 9, 1937; death is saidto have occurred on the date stated above, at 3.4 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocardial  
degeneration

Date of onset

Other Contributory Causes of Importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Wm E Martin

M. D.

(Address)

Pandallstown, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel, etc.* For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as *spinner, weaver, etc.*

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill, etc.*

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer, etc.* Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as *carpenter, painter, machinist, etc.* Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12754

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30  
 Village or City Spring Grove Hospital, Catonsville St.          Ward           
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred 4 yrs. 4 mos. 24 ds. How long in U.S. If of foreign birth?          yrs.          mos.          ds.

## 2. FULL NAME

Adolf C. Thiel, If U. S. Veteran, specify WAR           
 (a) Residence: No. 2017 N. Bentalow St.          Ward           
 (Usual place of abode) Baltimore If nonresident give city or town and State         

## PERSONAL AND STATISTICAL PARTICULARS

|   |                                  |   |
|---|----------------------------------|---|
| 3. SEX<br><u>Male</u>   | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |
| 5a. If married, husband of, or divorced<br>HUSBAND of (or) WIFE of <u>Hannah O. Thiel</u>                           |                                  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Aug. 19 1867</u>   |                                  |   |
| 7. AGE<br><u>76</u>   | Years<br><u>70</u>               | Months<br><u>4</u>  |
|   | Days<br><u>5</u>                 | If LESS than<br>1 day, <u>        </u> hrs.<br>or <u>        </u> min.      |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKEEPER, etc. <u>Railroad Mechanic</u> |                                  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Penn R.R. Co.</u>             |                                  |   |
| 10. Date deceased last worked at this occupation (month and year) <u>1933</u>                                       |                                  | 11. Total time (years) spent in this occupation <u>32</u>                   |

12. BIRTHPLACE (city or town) Texas  
 (State or country)

|        |   |
|--------|---|
| MOTHER | 13. NAME<br><u>Daniel Thiel</u>                                   |
|        | 14. BIRTHPLACE (city or town)<br>(State or country) <u>Poland</u> |
|        | 15. MAIDEN NAME<br><u>Christena Porter</u>                        |
|        | 16. BIRTHPLACE (city or town)<br>(State or country) <u>Poland</u> |

17. INFORMANT Mrs. Hannah S. Thiel  
 (Address) 2017 N. Bentalow St  
 18. BURIAL, CREMATION, OR REMOVAL  
 Place Sandon Park Date Dec. 28, 1937

19. UNDERTAKER Geo. W. Little  
 (Address) 2700 Edmonson Ave  
 20. FILED 12/27/37 19 37  
W. H. Little Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 25 1937  
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from August 1st, 1933, to December 25, 1937.

I last saw him alive on Dec. 25, 1937; death is said to have occurred on the date stated above, at 10:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocarditis with  
auricular fibrillation Page 1937

Other Contributory Causes of importance:

Senility Page 1933

Name of operation Chin + Anest Date of           
 What test confirmed diagnosis Chin + Anest Was there an autopsy? Yes

23. If death was due to external causes (VIOLENCE) fill in also the following: No  
 Accident, suicide, or homicide?          Date of Injury         , 19          
 Where did Injury occur?          (Specify city or town, county and State)  
 Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury           
 Nature of Injury         

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify John F. Kunkel M. D.  
 (Signed)          (Address) Catonsville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12756

## 1. PLACE OF DEATH

County BaltimoreVillage or City White Hall, Md. P.D.Registration Dist. No. 33

St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.2. FULL NAME Hester Ann Thomas If U. S. Veteran, specify WAR \_\_\_\_\_(a) Residence: No. White Hall, Md. P.D. Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)Married5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE ofMathias Thomas6. DATE OF BIRTH (month, day, and year) February 5, 1864

## 7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.731021

## OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housekeeper9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Data deceased last worked at  
this occupation (month and  
year) Jan. 193711. Total time (years)  
spent in this  
occupation 5212. BIRTHPLACE (city or town) Freeland, Md.  
(State or country)

## 13. NAME

Alexander Keys14. BIRTHPLACE (city or town)  
(State or country)Freeland, Md.

## 15. MAIDEN NAME

Ellen Palmer16. BIRTHPLACE (city or town)  
(State or country)Freeland, Md.17. INFORMANT  
(Address)Eda B. King  
New Freedom, Pa. P.D.

## 18. BURIAL, CREMATION, OR REMOVAL

Place Freeland, Balto. Co. Md. Date 12/29/193719. UNDERTAKER  
(Address)Reuben N. J. Baker  
Freeland, Balto. Co. Md.

## 20. FILED

Dec 27, 1937 Chas. L. Sutton

Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 26, 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Jan - 1 - 1937, to Dec. 26 - 1937  
I last saw him alive on Dec. 24, 1937; death is saidto have occurred on the date stated above, at 8:15 P.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Mitral Regurgitation

Date of onset

## Other Contributory Causes of Importance:

Arterio Sclerosis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

## 24. Was disease or injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) J. R. Eagle M. D.(Address) New Freedom, Pa.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

**Example II**

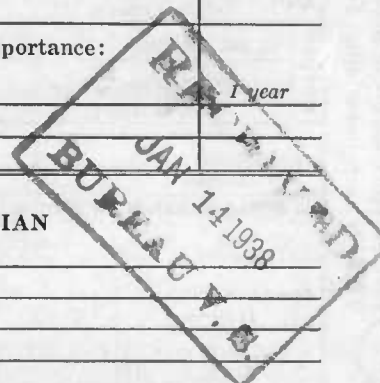
The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12756

## 1. PLACE OF DEATH

County BaltimoreVillage or City Mt. WilsonLength of residence in city or town where death occurred 0 yrs. 2 mos. 9 ds. How long in U.S. if of foreign birth? 31 yrs. ? mos. ? ds.

Mt. Wilson Branch, Md.

Registration Dist. No. 32No. Tuberculosis Sanatorium St. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Martin Tierney

If U. S. Veteran, specify WAR

(a) Residence: No. 1543 RamseySt. Baltimore, Md.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |  |
|-----------------------|----------------------------------|--|
| 3. SEX<br><u>Male</u> | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>Married</u> |
|-----------------------|----------------------------------|--|

5a. If married, widowed, or divorced

HUSBAND of Mrs. Agnes Tierney  
(or) WIFE of6. DATE OF BIRTH (month, day, and year) July 21, 1884

|                     |                   |                     |                  |  |
|---------------------|-------------------|---------------------|------------------|--|
| 7. AGE<br><u>53</u> | Years<br><u>4</u> | Months<br><u>20</u> | Days<br><u>1</u> | If LESS than<br>1 day, ----- hrs.<br>or ----- min. |
|---------------------|-------------------|---------------------|------------------|--|

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Brakeman9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Railroad10. Date deceased last worked at this occupation (month and year) Unknown 192711. Total time (years) spent in this occupation 912. BIRTHPLACE (city or town) Unknown,  
(State or country) Ireland.13. NAME Martin Tierney,14. BIRTHPLACE (city or town) Unknown,  
(State or country) Ireland.15. MAIDEN NAME Bridget McHele,16. BIRTHPLACE (city or town) Unknown,  
(State or country) Ireland.17. INFORMANT J. Frank Spalding,  
(Address) Mt. Wilson, Md.18. BURIAL, CREMATION, OR REMOVAL  
Place Cathedral Cem. Date Dec. 15, 193719. UNDERTAKER Charles L. Stevens,  
(Address) 1501 E. Fort Ave., Balto., Md.20. FILED Dec. 11, 1937 J. Frank Spalding  
J. Frank Spalding

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 11, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from October 2, 1937, to December 11, 1937I last saw him alive on December 11, 1937; death is said to have occurred on the date stated above, at 5:45 P.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pulmonary Tuberculosis

Date of onset

Oct.1936

Other Contributory Causes of Importance:

Pulmonary HemorrhageDec. 111937Name of operation None

Date of

What test confirmed diagnosis? X-ray, and Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) John A. Smith M. D.(Address) Mt. Wilson, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

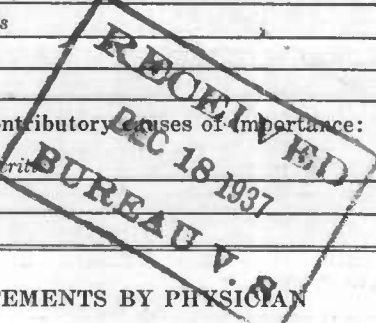
## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12757

## 1. PLACE OF DEATH

County Baltimore  
Village or City Deer Park

Registration Dist. No. 33

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 86 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Home

(Usual place of abode)

St. \_\_\_\_\_ Ward \_\_\_\_\_

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND or (or) WIFE of William J. Sillman

6. DATE OF BIRTH (month, day, and year) Feb 11, 1869

7. AGE Years 68 Months 10 Days 4 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) Dec 5, 37 11. Total time (years) spant in this occupation 44 yrs

12. BIRTHPLACE (city or town) Deer Park  
(State or country) md.

13. NAME Henry J. Sillman  
14. BIRTHPLACE (city or town) Holland  
(State or country) \_\_\_\_\_

15. MAIDEN NAME Margaret Frederick  
16. BIRTHPLACE (city or town) Germany  
(State or country) \_\_\_\_\_

17. INFORMANT Wm. J. Sillman  
(Address) Deer Park

18. BURIAL, CREMATION, OR REMOVAL Place Deer Park Cem. Date Dec 19, 1937

19. UNDERTAKER Rev. Perryman & Sons  
(Address) Reisterstown, Md.

20. FILED Dec 20, 1937 T. Rowe Rice  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 16, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1937, to Dec 16, 1937

I last saw her alive on Dec 16, 1937; death is said

to have occurred on the date stated above, at 7:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Pneumonia (chronic)  
Complications of neck

Other Contributory Causes of Importance:

myocarditis (chronic)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) James H. Saffell M. D.

(Address) Reisterstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       |                     |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               |                   |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12758

## 1. PLACE OF DEATH

County BaltimoreVillage or City Cowens Mills, Md.

No.

St.

Ward

Length of residence in city or town where death occurred 0 yrs. 0 mos. 6 ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? 6 yrs. 0 mos. 0 ds.

## 2. FULL NAME

Dorothy Gruszkowska

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. 725S. Maryland Ave.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

March 30, 1929

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.8812

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Inmate, Rosewood State Training School

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Cowens Mills, Md.

10. Data deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)

Baltimore, Md.

(State or country)

FATHER

13. NAME

John Gruszkowska

14. BIRTHPLACE (city or town)

Poland

(State or country)

MOTHER

15. MAIDEN NAME

Mary Iowa

16. BIRTHPLACE (city or town)

Poland

(State or country)

17. INFORMANT

(Address)

Institutional Records

18. BURIAL, CREMATION, OR REMOVAL

Place

St. Stanislaus

Date

12/14

19.

19. UNDERTAKER

(Address)

John J. Duda  
2511 Hudson St

20. FILED

Dec 13, 1937

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 12,

(Month)

1937

(Day)

7

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Dec. 6, 1937,

to

Dec. 12, 1937I last saw him alive on Dec. 12, 1937; death is saidto have occurred on the date stated above, at 12:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:

Bronch. Pneumonia

Date of onset

12/11/37

Other Contributory Causes of Importence:

Microcephaly with ateloidia and quadriplegia (Idiot).

Name of operation

Date of

What test confirmed diagnosis?

ClinicalWas there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed)

Harry B. Butler

M. D.

(Address)

Cowens Mills, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

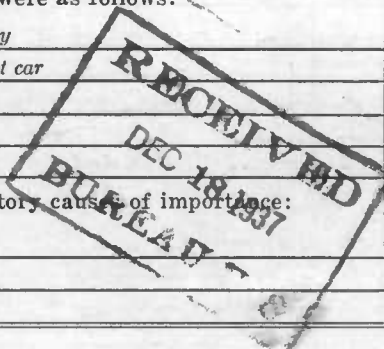
**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
|  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
|  |                   |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12759

## 1. PLACE OF DEATH

County BaltimoreVillage or City WoodlawnNd. 4 Gwynndale Ave.St. WardRegistration Dist. No. 30Length of residence in city or town where death occurred 3 yrs. 3 mos. 0 ds. How long in U.S. if of foreign birth? 0 yrs. 0 mos. 0 ds.2. FULL NAME Martha T. Turner

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: Nd. 4 Gwynndale Ave., WoodlawnSt. Ward.

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Female

## 4. COLOR OR RACE

White

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

## 5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofWilliam K. Turner6. DATE OF BIRTH (month, day, end year) March 1, 1873

## 7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.64919

## OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Philadelphia  
(State or country) Pa.13. NAME Daniel Thornson14. BIRTHPLACE (city or town) England  
(State or country)15. MAIDEN NAME Mary A ?16. BIRTHPLACE (city or town) England  
(State or country)17. INFORMANT Mr. J. Heber Ashmead  
(Address) 4 Gwynndale Ave., Baltimore

## 18. BURIAL, CREMATION, OR REMOVAL

Place Philadelphia, Pa. Date Dec. 22, 193719. UNDERTAKER Beck & Cook  
(Address) 1003 W. Baltimore St.20. FILED 172# 37  
Beck & Cook  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 20

(Month)

(Day)

1937

(Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Oct. 15, 1937, to Dec. 20, 1937I last saw her alive on Dec. 18, 1937; death is saidto have occurred on the date stated above, at 11:30 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

I - Carcinoma of the Stomach

Date of onset

1 year

Other Contributory Causes of Importance:

Secondary Anemia6 monthsName of operation none Date of \_\_\_\_\_What test confirmed diagnosis? X-Ray Was there an autopsy? no

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) Earl L. Chambers M. D.(Address) 4108 Liberty Heights

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Arteriosclerosis   | 1915          |
| Chronic interstitial nephritis   | 1921          |
| Cerebral hemorrhage  | July 5, 1927  |
| Other contributory causes of importance:                                       |               |
| Gallstones   | May 1, 1923   |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset |
|--|---------------|
| Attack of epilepsy   | 1 week ago    |
| Run over by street car   | 1 week ago    |
| Peritonitis  | 3 days ago    |
| Other contributory causes of importance:                                       |               |
| Gastroenteritis  | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12760

## 1. PLACE OF DEATH

County Baltimore  
 Village or City Ruxton

Registration Dist. No. 38

No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U. S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Eliza Granger Van der Poel If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Beltsen & Maywood Rd. Ruxton Ward \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|  |                                  |   |
|--|----------------------------------|---|
| 3. SEX<br><u>Female</u>  | 4. COLOR OR RACE<br><u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widow</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Los Augustus Van der Poel</u>           |                                  |   |
| 6. DATE OF BIRTH (month, day, and year) <u>Autumn</u>  |                                  |   |
| 7. AGE<br><u>74</u>  | Years                            | Months Days   |
| If LESS than 1 day, _____ hrs. or _____ min.   |                                  |   |
| 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>at Home</u> |                                  |   |
| 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.                         |                                  |   |
| 10. Date deceased last worked at this occupation (month and year)  |                                  | 11. Total time (years) spent in this occupation                           |

|        |  |
|--------|--|
| FATHER | 12. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md</u>                     |
|        | 13. NAME <u>George R. Granger</u>  |
| MOTHER | 14. BIRTHPLACE (city or town) (State or country) <u>Baltimore Md</u>                     |
|        | 15. MAIDEN NAME <u>Druegen Raynor</u>  |
|        | 16. BIRTHPLACE (city or town) (State or country) <u>New York</u>                         |
|        | 17. INFORMANT <u>Mrs. H. H. White</u> (Address) <u>Ruxton Md</u>                         |
|        | 18. BURIAL, CREMATION, OR REMOVAL Place <u>Beltsen</u> Date <u>Dec 11</u> , 19 <u>37</u> |
|        | 19. UNDERTAKER <u>Dr. J. M. L. L. L.</u> (Address) <u>Beltsen Md</u>                     |
|        | 20. FILED <u>Dec 10</u> , 19 <u>37</u> Registrar <u>Ruxton Md</u>                        |

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 9, 1937  
 (Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

\_\_\_\_\_ 1927, to Dec 9, 1937

I last saw her alive on Dec 9, 1937; death is saidto have occurred on the date stated above, at 2 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Arterial Hypertension

Date of onset

1927

## Other Contributory Causes of Importance:

Coronary Artery

Dec 9 1937

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? No

## 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1937

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Inia. Dabney M. D.(Address) Ruxton Md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis

Chronic interstitial nephritis

Cerebral hemorrhage

Other contributory causes of importance:

Gallstones

Date of onset

1915

1921

July 5, 1927

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy

Run over by street car

Peritonitis

Other contributory causes of importance:

Gastroenteritis

Date of onset

1 week ago

1 week ago

3 days ago

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12761

## 1. PLACE OF DEATH

County Baltimore

Village or City Rockdale

No. 191

Registration Dist. No. 31

St.

Ward

Length of residence in city or town where death occurred 19 yrs.  mos.  ds. (If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth?  yrs.  mos.  ds.

## 2. FULL NAME Henry Waterman,

If U. S. Veteran, specify WAR

(a) Residence: No. Liberty Road, near Rolling Rd.

Ward.

(Usual place of abode)

If nonresident give city or town and State

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

Anna Waterman,

6. DATE OF BIRTH (month, day, end year) January 1. 1866

7. AGE

Years

Months

Days

II LESS than  
1 day, ----- hrs.  
or ----- min.

71

11

9

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 1926

11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (city or town)

(State or country) Baltimore City

FATHER

13. NAME

Henry Waterman,

14. BIRTHPLACE (city or town)

(State or country) Germany

MOTHER

15. MAIDEN NAME

Lena Karcher.

16. BIRTHPLACE (city or town)

(State or country) Germany

17. INFORMANT

(Address) Mrs Anna Waterman,  
Liberty Road

18. BURIAL, CREMATION, OR REMOVAL

Place Druid Ridge

Date

DEC 13 1937

19. UNDERTAKER

(Address) Geo W Little  
2700 Edmondson Ave.

20. FILED

Dec 11

1937

J. Milton Piel

Registrar.

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

DEC 10 1937

(Month)

(Day)

1937

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Nov. 13 1937 to Dec 10 1937

I last saw him alive on Dec 9 1937; death is said

to have occurred on the date stated above, at 6 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Ch. Valvular Heart Disease 1935

Ch. Interstitial Nephritis 1935

Other Contributory Causes of Importance:

Cerebral Thrombosis 12/7/37

Name of operation

none

Date of

What test confirmed diagnosis

Physical Examination

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?  Date of Injury , 19

Where did Injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Paul J. Zia

M. D.

(Address) 1663 W North Ave. Balt. Md.

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

RECEIVED  
JAN 5 1928  
BUREAU V. S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12762

## 1. PLACE OF DEATH

County BaltimoreVillage or City Phoenix, Ind

No.

St.

Ward

Registration Dist. No. 39.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs.

mos.

How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Laurance Edward Waters

(a) Residence: No.

Phoenix, Ind

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

colored5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married

5a. If married, widowed, or divorced

HUSBAND OF  
(or) WIFE OFEliza Waters

6. DATE OF BIRTH (month, day, and year)

May 20, 1877

7. AGE

Years

Months

Days

If LESS than  
1 day, \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min.60617

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Farm labour10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Hayford Co  
Ind

MOTHER FATHER

13. NAME

John W. Waters

14. BIRTHPLACE (city or town)

(State or country)

Hayford Co  
Ind

15. MAIDEN NAME

Sallie Bishop

16. BIRTHPLACE (city or town)

(State or country)

Hayford Co  
Ind

17. INFORMANT

(Address)

Mrs Eliza Waters  
Phoenix, Ind

18. BURIAL, CREMATION, OR REMOVAL

Place

Int. home, Longfellow  
Ind

Date

Dec 20, 1937

19. UNDERTAKER

(Address)

P. Markling Son,  
White Hall, Ind

20. FILED

Dec. 20, 1937 Anna P. Price.

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec 17

(Month)

(Day)

193

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

Dec 17, 1937, to Dec 17, 1937I last saw him alive on Dec 17, 1937; death is saidto have occurred on the date stated above, at 7:30 m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Lobar Pneumonia

Date of onset

12/17/37

Other Contributory Causes of importance:

Chronic Myocarditis2 yrs

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |
| BUREAU V. S.                   |               |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |
|                        |               |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12763

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30No. Spring Grove St. Hospital St. Ward \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number)Length of residence in city or town where death occurred 10 yrs. 6 mos. 9 ds. How long in U. S. If of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

Mary Roberts Wathen

If U. S. Veteran, specify WAR \_\_\_\_\_

(a) Residence: No. Mount Ranier, Maryland

St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

|                         |                                  |   |
|-------------------------|----------------------------------|---|
| 3. SEX<br><u>female</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
|-------------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH (month, day, and year) unknown

|                          |                   |                    |                  |  |
|--------------------------|-------------------|--------------------|------------------|--|
| 7. AGE<br><u>70 plus</u> | Years<br><u>?</u> | Months<br><u>?</u> | Days<br><u>?</u> | If LESS than<br>1 day, _____ hrs.<br>or _____ min. |
|--------------------------|-------------------|--------------------|------------------|--|

|                                 |   |
|---------------------------------|---|
| OCCUPATION<br><u>seamstress</u> | 8. Trade, profession, or particular<br>kind of work done, as SPINNER,<br>SAWYER, BOOKKEEPER, etc. |
|                                 | 9. Industry or business in which<br>work was done, as SILK MILL,<br>SAW MILL, BANK, etc.          |
|                                 | 10. Date deceased last worked at<br>this occupation (month and<br>year) <u>1922</u>               |
|                                 | 11. Total time (years)<br>spent in this<br>occupation <u>life</u>                                 |

12. BIRTHPLACE (city or town) Maryland  
(State or country)13. NAME James H. Wathen14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MAIDEN NAME Ann Thompson16. BIRTHPLACE (city or town) Maryland  
(State or country)17. INFORMANT Hospital records  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Hyattsville Md Date Dec 29, 193719. UNDERTAKER E. Gasche's sons  
(Address) Hyattsville Md20. FILED 12/29 31  
W. L. Anderson Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 28, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from  
June 19, 1927, to Dec. 28, 1937I last saw him/her alive on Dec. 28, 1937; death is saidto have occurred on the date stated above, at 9:35 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:

|  |                                   |
|--|-----------------------------------|
| Arteriosclerotic heart disease<br>(coronary sclerosis) | Date of onset<br><u>bef. 1937</u> |
| Generalized arteriosclerosis                           | " "                               |

Other Contributory Causes of Importance:

|          |                                   |
|----------|-----------------------------------|
| Senility | Date of onset<br><u>bef. 1937</u> |
|----------|-----------------------------------|

Name of operation none Date of \_\_\_\_\_What test confirmed diagnosis? clinical Was there an autopsy? no23. If death was due to external causes (VIOLENCE) fill in also the following: no

Accident, suicide, or homicide? \_\_\_\_\_ Date of Injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) W. L. Anderson M. D.(Address) Catonsville Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

| The principal cause of death and related causes of importance were as follows: | Date of onset       |
|--|---------------------|
| <i>Arteriosclerosis</i>  | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i>  | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>   | <i>July 5, 1927</i> |
| <i>JAN 4 1938</i>  |                     |
| Other contributory causes of importance:                                       |                     |
| <i>Gallstones</i>  | <i>May 1, 1923</i>  |
|  |                     |
|  |                     |

Example II

| The principal cause of death and related causes of importance were as follows: | Date of onset     |
|--|-------------------|
| <i>Attack of epilepsy</i>  | <i>1 week ago</i> |
| <i>Run over by street car</i>  | <i>1 week ago</i> |
| <i>Peritonitis</i>   | <i>3 days ago</i> |
| Other contributory causes of importance:                                       |                   |
| <i>Gastroenteritis</i>   | <i>1 year</i>     |
|  |                   |
|  |                   |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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# STATE OF MARYLAND—CERTIFICATE OF DEATH

12761

## 1. PLACE OF DEATH

County Baltimore

Village or City EUDWOOD SANATORIUM, TOWSON, MD.

Registration Dist. No. 9

St. Ward

Length of residence in city or town where death occurred 2 yrs. 1 mos. 22 ds. How long in U.S. if of foreign birth? — yrs. — mos. — ds.

## 2. FULL NAME Ann Virginia Watson

If U.S. Veteran specify WAR —

(a) Residence: No. 610 Parson

St. Baltimore

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

?

6. DATE OF BIRTH (month, day, and year)

August 19, 1861

7. AGE

Years

76

Months

3

Days

27

If LESS than 1 day, — hrs. or — min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

None

10. Date deceased last worked at this occupation (month and year)

October 1925

11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (city or town)

Anne Arundel County

(State or country)

Maryland

FATHER

13. NAME

James W. Turner

MOTHER

14. BIRTHPLACE (city or town)

Anne Arundel County

(State or country)

Maryland

15. MAIEN NAME

Catherine Bell

16. BIRTHPLACE (city or town)

Anne Arundel County

(State or country)

Maryland

## Personal History-- Hospital Record

17. INFORMANT

(Address) Eudwood Sanatorium, Towson, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Baltimore A. B. Co. Date Dec. 18, 1937

19. UNDERTAKER

(Address) Ann Mitchell Bond

20. FILED

Dec 17, 1937

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 16, 1937

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY That I attended deceased from October 24, 1935 to December 16, 1937

I last saw her alive on December 16, 1937; death is said to have occurred on the date stated above, at 3:20 A. M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Myocarditis Chronic

Date of onset October 1925

Other Contributory Causes of Importance:

Brachitis Chronic

Date of onset October 1925

Name of operation

None

Date of

What test confirmed diagnosis?

X-Ray

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

1937

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

W. A. Bridges  
Towson, Md.

M. D.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                | Date of onset |
|--------------------------------|---------------|
| Arteriosclerosis               | 1915          |
| Chronic interstitial nephritis | 1921          |
| Cerebral hemorrhage            | July 5, 1927  |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                        | Date of onset |
|------------------------|---------------|
| Attack of epilepsy     | 1 week ago    |
| Run over by street car | 1 week ago    |
| Peritonitis            | 3 days ago    |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12765

## 1. PLACE OF DEATH

County Baltimore Registration Dist. No. 30  
 Village or City Catonsville No. 210-m St.          Ward           
 (If death occurred in a hospital or institution, give its NAME instead of street and number)  
 Length of residence in city or town where death occurred          yrs.          mos.          ds. How long in U.S. if of foreign birth?          yrs.          mos.          ds.

## 2. FULL NAME

Amalia K. Weise If U. S. Veteran, specify WAR           
 (a) Residence: No. Edmondson Ave St.          Ward.           
 (Usual place of abode) If nonresident give city or town and State         

## PERSONAL AND STATISTICAL PARTICULARS

|   |   |   |
|---|---|---|
| 3. SEX<br><u>Female</u>   | 4. COLOR OR RACE<br><u>White</u>  | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Widowed</u> |
| 5a. If married, widowed, or divorced<br>HUSBAND of (or) WIFE of <u>Herman Weise</u> |   |   |
| 6. DATE OF BIRTH (month, day, and year) <u>May 13 1877</u>                          |   |   |
| 7. AGE<br>Years <u>60</u><br>Months <u>7</u><br>Days <u>20</u>                      | If LESS than 1 day, <u>        </u> hrs. or <u>        </u> min.  |   |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House-work</u> |   |
|   | 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>At Home</u>             |   |
|   | 10. Date deceased last worked at this occupation (month and year) <u>Dec 3-1937</u>                           |   |
|   | 11. Total time (years) spent in this occupation <u>Life</u>   |   |

12. BIRTHPLACE (city or town) Baltimore  
 (State or country) Md.

13. NAME John G. Vaupel

14. BIRTHPLACE (city or town) Germany  
 (State or country)

15. MAIDEN NAME Katherine Scheppach

16. BIRTHPLACE (city or town) Baltimore  
 (State or country) Md.

17. INFORMANT Edward W. Weise  
 (Address) Catonsville, Md

18. BURIAL, CREMATION, OR REMOVAL  
 Place Balto Ceml Date Dec 7, 1937

19. UNDERTAKER John F. Benney  
 (Address) Hyatt + Manigault Sts

20. FILED Dec 4, 1937 Marshall B. West  
 Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 3 1937  
 (Month) (Day) 193 (Year)

22. I HEREBY CERTIFY, That I attended deceased from         , 19        , to         , 19        .

I last saw h.          alive on about 7.11, 19        ; death is held to have occurred on the date stated above, at          m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Fractured skull - fracture jaw  
chest crushed right side opened  
fracture both legs below knees

Date of onset

Other Contributory Causes of importance:

OK from whole  
Coroner

Name of operation          Date of         

What test confirmed diagnosis? Exam Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? accident Date of Injury Dec 3, 1937

Where did injury occur? Catonsville, Md.  
 (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Public Road

Manner of Injury Kt. by auto

Nature of Injury Fractured skull etc. above

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Marshall B. West M. D.

(Address) Catonsville, Md



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as “employee,” “worker,” “operative,” etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as “store,” “factory,” “mill,” etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term “laborer” when a more precise statement of the occupation can be secured. Do not use the word “mechanic,” but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

# STATE OF MARYLAND—CERTIFICATE OF DEATH

12766

## 1. PLACE OF DEATH

County Baltimore

Village or City Larchmont

Length of residence in city or town where death occurred 8 yrs. mos. ds.

Registration Dist. No. 30

No. 2305 Birch Drive St. Ward  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

## 2. FULL NAME August Wells

If U. S. Veteran, specify WAR No Record

(a) Residence: No. 2305 Birch Drive St. Ward  
(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth Wells

6. DATE OF BIRTH (month, day, and year) April 2, 1850

7. AGE Years 87 Months 8 Days 17 If LESS than 1 day, ----- hrs. or ----- min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Fisherman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Chesapeake Bay Fishing

10. Date deceased last worked at this occupation (month and year) 1922 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (city or town) Baltimore (State or country) Maryland

13. NAME ? Wells

14. BIRTHPLACE (city or town) unknown (State or country) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (city or town) unknown (State or country) unknown

17. INFORMANT Mrs. Lawrence Brown (Address) 2305 Birch Drive

18. BURIAL, CREMATION, OR REMOVAL Place Methodist Date 12/29/37

19. UNDERTAKER William Corp (Address) 1217 St Paul St

20. FILED 12/30/37 Registrar W. H. Anderson

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December 19, 1937  
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to Dec 19, 1937

I last saw him alive on May 22, 1937; death is said to have occurred on the date stated above, at 11:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Chronic Myocardial Degeneration Date of onset 1930

Other Contributory Causes of Importance:

Debility

Name of operation none Date of none  
What test confirmed diagnosis physical findings Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ----- Date of injury -----, 19-----

Where did injury occur? ----- (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury -----

Nature of injury -----

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Joshua H. Crumacost M. D.  
(Address) Woodlawn Maryland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting "U. S. No. 7"

MARGIN RESERVED FOR BINDING

V. S. No. 1

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
Chronic interstitial nephritis  
Cerebral hemorrhage

Date of onset

1915  
1921  
July 5, 1927

JAN 4 1938  
BUREAU V. S.

Other contributory causes of importance:

Gallstones

May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy  
Run over by street car  
Peritonitis

Date of onset

1 week ago  
1 week ago  
3 days ago

Other contributory causes of importance:

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12767

## 1. PLACE OF DEATH

County BaltimoreVillage or City CatonsvilleRegistration Dist. No. 30No. Spring Grove St. Hosp. St.      Ward     

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 16 mos. 16 ds. How long in U. S. If of foreign birth?      yrs.      mos.      ds.

## 2. FULL NAME

Caleb W. WilhelmIf U. S. Veteran, specify WAR     (a) Residence: No. 3319 Ellen AvenueBaltimore, Maryland (Usual place of abode)St.      Ward.     

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

|                       |                                  |   |
|-----------------------|----------------------------------|---|
| 3. SEX<br><u>male</u> | 4. COLOR OR RACE<br><u>white</u> | 5. SINGLE, MARRIED, WIDOWED,<br>OR DIVORCED (write the word)<br><u>single</u> |
|-----------------------|----------------------------------|---|

5a. If married, widowed, or divorced  
HUSBAND of       
(or) WIFE of     6. DATE OF BIRTH (month, day, and year) October 15, 1862

|        |           |          |           |  |
|--------|-----------|----------|-----------|--|
| 7. AGE | Years     | Months   | Days      | If LESS than<br>1 day, <u>    </u> hrs.<br>or <u>    </u> min. |
|        | <u>75</u> | <u>1</u> | <u>17</u> |  |

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc. laborer9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc. farm10. Date deceased last worked at  
this occupation (month and  
year) 193711. Total time (years)  
spent in this  
occupation 60 yrs.12. BIRTHPLACE (city or town) Baltimore, Md.  
(State or country)13. NAME Jacob Wilhelm14. BIRTHPLACE (city or town) Maryland  
(State or country)15. MAIDEN NAME Rebecca Harris  
Maryland16. BIRTHPLACE (city or town)  
(State or country)17. INFORMANT Jacob Wilhelm, father  
(Address) 1429 Forge Ave., Mt. Washington

18. BURIAL, CREMATION, OR REMOVAL

Place Carol Chapel, Catonsville, Md. Date Dec 4, 193719. UNOERTAKER Chinowski  
(Address) 3615-17 Chinowski Ave.20. FILED 142, 19 3 Blanchard  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 2

(Month)

(Day)

193 7  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

October 16, 1937, to Dec. 2, 1937.I last saw him alive on December 1, 1937; death is said  
to have occurred on the date stated above, at 3:45 p.m.The PRINCIPAL CAUSE OF DEATH and related causes of Importance  
were as follows:Streptococcus SepticaemiaArteriosclerotic Heart Disease bef. 10-16-Senility

Date of onset

11-37

Other Contributory Causes of Importance:

Name of operation none Date of     What test confirmed diagnosis? clinical and laboratory Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? none Date of Injury     , 19     Where did Injury occur? none

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

noneManner of injury noneNature of injury none24. Was disease or injury in any way related to occupation of deceased? noneIf so, specify     

(Signed)

(Address)

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

Date of onset

*Attack of epilepsy*

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12768

## 1. PLACE OF DEATH

County BaltimoreVillage or City Middle RiverLength of residence in city or town where death occurred Life mos. ds.Registration Dist. No. 44  
No. Oakland & Homeland Aves. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Kate C. Wilkinson

If U. S. Veteran, specify WAR

(a) Residence: No. Oakland & Homeland Aves. Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed5a. If married, widowed, or divorced  
HUSBAND of (or) WIFE of S. Joshua Wilkinson6. DATE OF BIRTH (month, day, and year) Nov. 6<sup>th</sup> 18597. AGE Years 78 Months 1 Days 13 If LESS than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month end year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town, State or country) Balto. Co. Maryland13. NAME Joseph Beale14. BIRTHPLACE (city or town, State or country) Unknown Maryland15. MAIDEN NAME Unknown16. BIRTHPLACE (city or town, State or country) Unknown Unknown17. INFORMANT Mrs. Ella M. Edwards (Address)18. BURIAL, CREMATION, OR REMOVAL Place Obern Cemetery Date Dec. 22, 193719. UNDERTAKER Frederick Lassahn Jones (Address) 4401 Belair Road20. FILED Dec. 21, 1937 John B. Connelley Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec. 19 1937  
(Month) (Day) (Year)

## 22. I HEREBY CERTIFY That I attended deceased from

Nov. 15 - 1937 to Dec. 19, 1937  
I last saw him alive on Dec. 17, 1937; death is saidto have occurred on the date stated above, at 11:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Senility -  
Chronic tabular heart  
disease -Other Contributory Causes of Importance:  
Arterio-sclerosis  
Fracture hip - is due to  
accidental fall. supra.

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury August, 1937

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury Accidental fall

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify (Signed) Harvey Hall M. D.  
(Address) Middle River, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

*Chronic interstitial nephritis*

*Cerebral hemorrhage*

Date of onset

*1915*

*1921*

*July 5, 1927*

Other contributory causes of importance:

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

*Run over by street car*

*Peritonitis*

Date of onset

*1 week ago*

*1 week ago*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12769

## 1. PLACE OF DEATH

County BALTOVillage or City CATONSVILLENo. ROLLING Rd.Registration Dist. No. 30

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 2. FULL NAME

(a) Residence: No. Rolling Road St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary C. Wimmer6. DATE OF BIRTH (month, day, end year) Aug 24 18627. AGE Years 75 Months 3 Days 15 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired  
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month end year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE (city or town) Balto Md (State or country)13. NAME John G. Wimmer14. BIRTHPLACE (city or town) Germany (State or country)15. MOTHER NAME Theresa. Gruning16. BIRTHPLACE (city or town) Germany (State or country)17. INFORMANT Mary C. Wimmer (Address) Rolling Rd18. BURIAL, CREMATION, OR REMOVAL Spried Rd 98 Cam Date 12-10, 193719. UNDERTAKER Mr. Chas A G Rohrer (Address) 2327 Edmondson Ave20. FILED 12/9, 1937 H. H. Anderson Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 8, 1937  
(Month) (Day) (Year)22. I HEREBY CERTIFY, That I attended deceased from August 30, 1931, to December 8, 1937  
I last saw him alive on December 7, 1937; death is saidto have occurred on the date stated above, at 1:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:

Cardio Vascular Disease  
Coronary Embolus  
Coronary Embolus  
Date of onset Sept 28, 1934  
Sudden  
12/8/37

Other Contributory Causes of Importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis Electrocardiogram \_\_\_\_\_23. If death was due to external causes (VIOLENCE) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county and State)  
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Eliot W. Johnson M. D.  
(Address) 343 Frederick Ave

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

**Example I**

The principal cause of death and related causes of importance were as follows:

|  | Date of onset |
|--|---------------|
| Arteriosclerosis                         | 1915          |
| Chronic interstitial nephritis           | 1921          |
| Cerebral hemorrhage                      | July 5, 1927  |
| Other contributory causes of importance: |               |
| Gallstones                               | May 1, 1923   |

**Example II**

The principal cause of death and related causes of importance were as follows:

|  | Date of onset |
|--|---------------|
| Attack of epilepsy                       | 1 week ago    |
| Run over by street car                   | 1 week ago    |
| Peritonitis                              | 3 days ago    |
| Other contributory causes of importance: |               |
| Gastroenteritis                          | 1 year        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12770

## 1. PLACE OF DEATH

County

Baltimore

Registration Dist. No.

37

Village or City

Cockeysville

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

25 yrs.

mos.

ds.

How long in U.S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Mary S. Winder

If U. S. Veteran, specify WAR

(a) Residence: No.

2 years, Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (writing the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE of

Ben Winder

6. DATE OF BIRTH (month, day, and year)

May 5, 1885

7. AGE

Years

Months

Days

if LESS than  
1 day, hrs.  
or min.

52

6

3

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.

Domestic

9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)

June 1936

11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

Cockeysville

(State or country)

Md.

FATHER

13. NAME

John Steiner

14. BIRTHPLACE (city or town)

Sparks

(State or country)

Md.

MOTHER

15. MAIDEN NAME

Mary Johnson

16. BIRTHPLACE (city or town)

Sparks

(State or country)

Md.

17. INFORMANT

(Address)

ma. m. s. Winder  
Cockeysville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Sparks

Date

Dec. 11, 1937

19. UNDERTAKER

(Address)

Wm. C. Burkholder  
Sparks, Md.

20. FILED

Dec. 10, 1937

William J. Chilcoat

Registrar.

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

Dec  
(Month)8  
(Day)1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Sept. 1

1937

to

Dec. 8

1937

I last saw her alive on

Dec. 5

1937; death is said

to have occurred on the date stated above, at 11 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:

Data enclosed

Chronic Valvular Endocarditis 1936

Other Contributory Causes of importance:

Chronic Nephritis

Name of operation

Date of

What test confirmed diagnosis?

Clinical

Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed)

Wilmer C. Ensor

M. D.

(Address)

Cockeysville Md.



# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

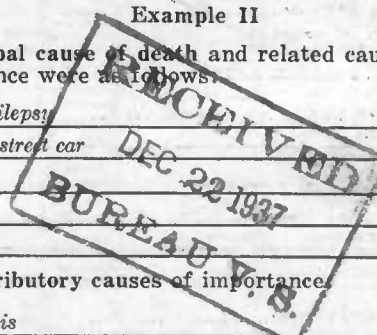
Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|



ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12771

## 1. PLACE OF DEATH

 County Baltimore  
 Village or City Lutherville
Registration Dist. No. 37

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

## 2. FULL NAME

Charles Rudolph WoodsU. S. Veteran, specify WAR no War Veteran

(a) Residence: No.

144 Mt. Ida Ave. AlexandriaSt. Va. Ward. ✓Va.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

Single

6. DATE OF BIRTH (month, day, and year)

August 24 1862

7. AGE

Years

Months

Days

If LESS than 1 day, hrs. or min.

7546

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

Fruit Growing Business

10. Date deceased last worked at this occupation (month and year)

20

11. Total time (years) spent in this occupation

20 yrs

12. BIRTHPLACE (city or town)

Pittsburg P.A.

(State or country)

MOTHER FATHER

13. NAME

Thomas James Woods

14. BIRTHPLACE (city or town)

Ireland.

(State or country)

15. MAIDEN NAME

Caroline Whitehead

16. BIRTHPLACE (city or town)

Germany.

(State or country)

17. INFORMANT

Brother George S. W. H. Woods

(Address)

Alexandra Va.

18. BURIAL, CREMATION, OR REMOVAL

Place

Murray Cem. Richmond Va.

Date

Oct 13 1937

19. UNDERTAKER

(Address)

John Burns Sons  
Towson Md

20. FILED

Dec. 11, 1937 William J. Whitcoat  
Sept. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

## 21. DATE OF DEATH

December 10101937

(Month)

(Day)

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

12-81937to 12-101937I last saw him alive on 12-10, 1937; death is saidto have occurred on the date stated above, at 12:45 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Coronary Infarction  
Coronary Thrombosis

Date of onset

12-8-3712-8-37

Other Contributory Causes of Importance:

Arteriosclerosisunk.

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Cause of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Barnett A. Starn

M. D.

(Address)

Lutherville, Md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |

JAN 4 1928  
DEPT. OF HEALTH  
U. S.

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|------------|-------------|

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|-----------------|--------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12772

## 1. PLACE OF DEATH

County BaltimoreVillage or City Reisterstown

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 64 yrs.How long in U.S. if of foreign birth? 64 yrs.2. FULL NAME William Edward Wyatt

If U. S. Veteran, specify WAR

(a) Residence: No. Reisterstown, Md.

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofJennie Rich Wyatt

6. DATE OF BIRTH (month, day, and year)

12-21-59

7. AGE

Years

Months

Days

If LESS than  
1 day, ----- hrs.  
or ----- min.771113

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Retired9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.Farming10. Data deceased last worked at  
this occupation (month and  
year)10 years11. Total time (years)  
spent in this  
occupation

12. BIRTHPLACE (city or town)

(State or country)

Baltimore, Md.

FATHER

13. NAME

Thomas James Wyatt

14. BIRTHPLACE (city or town)

(State or country)

Baltimore, Md.

MOTHER

15. MAIDEN NAME

Sophie Louise Hollingsworth

16. BIRTHPLACE (city or town)

(State or country)

Baltimore, Md.

17. INFORMANT

(Address)

Arthur Rich Wyatt  
Duxton, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place

Reisterstown, Md.  
St. John's Cemetery

Date

Dec 10, 1937

19. UNDERTAKER

(Address)

Benjamin R. Sosa  
Reisterstown, Md.

20. FILED

Dec 10, 1937L. Rowe Price

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

Dec  
(Month)9th  
(Day)1937  
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

Dec 1st1937to Dec 9th1937I last saw him alive on Dec 9th, 1937; death is saidto have occurred on the date stated above, at 4 a. m.The PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Coronary Arteriosclerosis

Date of onset

Dec 7th

Other Contributory Causes of Importance

Arteriosclerosis2

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19--

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

J. F. Frank Miller M. D.

(Address)

Reisterstown, Md.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

*Arteriosclerosis*

Date of onset

*1915*

*Chronic interstitial nephritis*

*1921*

*Cerebral hemorrhage*

*July 5, 1927*

Other contributory causes of importance: *V. S.*

*Gallstones*

*May 1, 1923*

## Example II

The principal cause of death and related causes of importance were as follows:

*Attack of epilepsy*

Date of onset

*1 week ago*

*Run over by street car*

*1 week ago*

*Peritonitis*

*3 days ago*

Other contributory causes of importance:

*Gastroenteritis*

*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

## STATE OF MARYLAND—CERTIFICATE OF DEATH

12773

## 1. PLACE OF DEATH

County BaltimoreVillage or City Kingville

No.

St.

Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred

yrs. 7

mos.

ds.

How long in U.S. if of foreign birth?

yrs.

mos.

ds.

## 2. FULL NAME

Elle F Wyles

If U. S. Veteran, specify WAR

(a) Residence: No.

Kingville md

St.

Ward.

(Usual place of abode)

If nonresident give city or town and State

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED,  
OR DIVORCED (write the word)married

5a. If married, widowed, or divorced

HUSBAND of  
(or) WIFE ofWilliam Oliver Wyles

6. DATE OF BIRTH (month, day, and year)

Nov. 8, 1859

7. AGE

Years

78

Months

1

Days

8

If LESS than

1 day, --- hrs.  
or --- min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as SPINNER,  
SAWYER, BOOKKEEPER, etc.Housewife9. Industry or business in which  
work was done, as SILK MILL,  
SAW MILL, BANK, etc.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation12. BIRTHPLACE (city or town)  
(State or country)Baltimore md

FATHER

13. NAME

Jacob Timanus

MOTHER

14. BIRTHPLACE (city or town)  
(State or country)Baltimore md

15. MAIDEN NAME

Emily F Magberry16. BIRTHPLACE (city or town)  
(State or country)Baltimore md

17. INFORMANT

(Address)

William Oliver Wyles  
Kingville md

18. BURIAL, CREMATION, OR REMOVAL

Place

Lorraine Cem

Date

12/201937

19. UNDERTAKER

(Address)

William C. Paul  
1217 St. Paul St.

20. FILED

12/14/37

19

12/14/37

19

12/14/37

19

12/14/37

19

12/14/37

19

12/14/37

19

12/14/37

19

12/14/37

19

12/14/37

Registrar.

(Address)

Edgewood md

M. D.

## 21. DATE OF DEATH

Dec

(Month)

16

(Day)

1937

(Year)

22.

I HEREBY CERTIFY, That I attended deceased from

12-14-37md

to

12-161937I last saw him alive on 12-14, 1937; death is saidto have occurred on the date stated above, at 6 PM inThe PRINCIPAL CAUSE OF DEATH and related causes of importance  
were as follows:Hypertension arterial & chronic  
Heart disease  
Cerebral hemorrhage

Date of onset

Years?

12-14-37

Other Contributory Causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

clinicalWas there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

Jed O Hodous

(Address)

Edgewood md

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

|                                |              |
|--------------------------------|--------------|
| Arteriosclerosis               | 1915         |
| Chronic interstitial nephritis | 1921         |
| Cerebral hemorrhage            | July 5, 1927 |
|                                |              |
|                                |              |

Other contributory causes of importance:

|            |             |
|------------|-------------|
| Gallstones | May 1, 1923 |
|            |             |
|            |             |

Example II

The principal cause of death and related causes of importance were as follows:

|                        |            |
|------------------------|------------|
| Attack of epilepsy     | 1 week ago |
| Run over by street car | 1 week ago |
| Peritonitis            | 3 days ago |
|                        |            |
|                        |            |

Other contributory causes of importance:

|                 |        |
|-----------------|--------|
| Gastroenteritis | 1 year |
|                 |        |
|                 |        |

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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## HEALTH DEPARTMENT—CITY OF BALTIMORE

## CERTIFICATE OF DEATH 76

## 1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 2 Fullerton Heights Ave St., 43 Ward)Registered No. 43  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Length of residence in city or town where death occurred.....yrs.....mos.....ds. How long in U. S. If of foreign birth?.....yrs.....mos.....ds.

## 2. FULL NAME

(a) Residence: No. 2 Fullerton Heights Ave St., 43 Ward.  
(Usual place of abode) (If non-resident give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed, or Divorced (write the word) Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, year) Sept7. AGE Years 44 Months Days If LESS than 1 day.....hrs. or.....min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. House  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) BaltimoreFATHER 13. NAME Joseph A. Golenka14. BIRTHPLACE (city or town) (State or country) CzechiaMOTHER 15. MAIDEN NAME Anna Student16. BIRTHPLACE (city or town) (State or country) Czechia17. INFORMANT Louis Swartz  
(Address) 2 Fullerton Heights Ave

18. BURIAL, CREMATION, OR REMOVAL

Place Holy Redeemer Date Dec 31 193719. UNDERTAKER Frank Brach Son  
(Address) 196 Calver Ave20. FILED 12/29 1937 A. F. M. D.  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) Dec. 28, 1937

22. I HEREBY CERTIFY, That I attended deceased from

..... 19..... to..... 19.....

I last saw h. Deceased on Dec 28, 19..... Death is saidto have occurred on the date stated above, nt. 1 P m.

The principal cause of death and related causes of importance were as follows:

Crotched artery  
Ruptured Aneurysm  
R. Ventricular in base

Date of onset

Other contributory causes of importance:

Was an operation performed?..... Date of.....

For what disease or injury?.....

Name of operation.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public

place.....

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) Frank A. Swartz, M. D.(Address) 6801 Belair Rd

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

# UNITED STATES STANDARD CERTIFICATE OF DEATH

**Statement of occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family, cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner, weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store, soap factory, cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer, mechanical engineer, mining engineer, stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter, painter, machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

**Statement of cause of death.**—Cause of death means the disease, injury, or complication which causes death, *not* the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

## Example I

The principal cause of death and related causes of importance were as follows:

|                                       | Date of onset       |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i>               | <i>1915</i>         |
| <i>Chronic interstitial nephritis</i> | <i>1921</i>         |
| <i>Cerebral hemorrhage</i>            | <i>July 5, 1927</i> |

Other contributory causes of importance:

|                   |                    |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

## Example II

The principal cause of death and related causes of importance were as follows:

|                               | Date of onset     |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i>     | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i>            | <i>3 days ago</i> |

Other contributory causes of importance:

|                        |               |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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